

Benham Sports Services/ The Arizona Diamond Report

MEDICAL RELEASE FORM

As either myself or the parent/legal guardian of:

Name of Player: _____

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Player's Birth Date: _____

Date of last Tetanus Booster: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____

Phone #: () - _____

Name of Parent/Guardian: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone # H: () - _____

Work #: () - _____

Person responsible for charges (if different from above) _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone # H: () - _____

Work #: () - _____

Person to notify if parent/guardian is unavailable: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone # H: () - _____

Work #: () - _____

Medical and/or Hospital Insurance Co

Phone #:

Policy Holder

Policy Number

Signature of Player (Over 18 yrs Old): _____

Date: _____

Signature of Parent /Guardian (if Minor): _____

Date: _____