



Tennessee State Soccer Association (TSSA)
Medical Release Form



Players Last Name, First Name, Middle Initial

DOB (Month-Day-Year)

Parent/Guardian Name

Family Physician

Street Address

Physician Phone Number

City, State and Zip Code

Date of Last Tetanus Booster (Month-Day-Year)

Parent/Guardian HOME PHONE

Parent/Guardian WORK PHONE

Parent/Guardian CELL PHONE

Alternate Emergency Contacts

Name: Relationship:

Home: Mobile: Work:

Name: Relationship:

Home: Mobile: Work:

Emergency Medical Information

Allergies (food, medication, etc):

Medications (any medication child is taking):

Other medical problems which should be noted:

Emergency Medical Consent (Must be signed in order for child to participate in the program)

As the parent/legal guardian of PRINT PLAYER NAME, 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.

Signature of Parent/Guardian: Date: