



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 _____, I request that in my
PRINT PLAYER NAME
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: _____

TSSA NO LONGER REQUIRES THIS DOCUMENT TO BE NOTARIZED