



G. P. Striders
 Youth Track Club
 2514 14TH Street
 Galena Park, TX. 77547
 Phone: 281-450-2908



MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Athlete's Name) in the event of accident, injury, sickness, etc. under the direction of the G. P. Striders coaching staff, until such time as I may be contacted. I also assume the responsibility of the payment of any such treatment.

Family Physician: _____ Phone _____

Physician Address: _____

In case of emergency contact:

Name	Phone	Relationship to Athlete
_____	_____	_____

Insurance Company: _____

Policy Number: _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Allergies: _____

Medical Problems: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problems which may interfere with or alter treatment. The information will only be used for emergency purposes.

 Signature (Parent/Guardian)

 Date