

HORIZON BASKETBALL ASSOCIATION

Medical Release Form

P.O. Box 650984, Potomac Falls, VA 20165-0984

PLEASE PRINT

Player's Name _____

PARENT OR GUARDIAN AUTHORIZATION - EMERGENCY MEDICAL INFORMATION

Permission is hereby granted in an emergency (when I cannot be located) to provide first aid at the scene or to take my child to an emergency room of any hospital. Permission is also granted for emergency personnel, and the hospital and its staff to provide treatment that a physician may prescribe for the well being of my child.

Family Physician _____ Phone () _____

Insurance Company _____ Insurance # _____

In case of emergency please contact:

Name _____ Phone _____ Relationship to Player _____

Please list any allergies/medical problems, including those requiring maintenance medications.

Parent/Guardian Name – Print

Parent/Guardian Signature

Date