

**St. Andrew St Elizabeth Seton Boosters
Emergency Medical Release Form**

Child's Name _____

Address _____

Phone Number _____

I hereby give permission for any and all medical attention necessary to be administered to my child, who name is (print) _____, in the event of an accident, injury, sickness, etc. under the direction of the persons listed below, or other qualified personnel if those listed are not available, until such time as I may be contacted. This release is effective for the time during which my child is participating in the St. Andrew/St.Elizabeth Ann Seton Booster programs, including travel to and from events. I also hereby assume the responsibility for payment of such treatment.

To the best of my knowledge, my child has no physical limitations that would prevent him/her from participating in the SASEAS Boosters Sports programs.

Our physician is: _____ Phone: _____

Address: _____

Our dentist is: _____ Phone: _____

Address: _____

Preferred Hospital: _____

My Insurance Company is: _____ Policy Number: _____

Known allergies or medical conditions: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

Alternate Contact: _____ Relationship: _____

Phone Number: _____

Signature of Parent or Guardian

Date