

**SHSGS Soccer Go Girls Soccer Camp 2022**  
**Medical Release Form**

I, \_\_\_\_\_, (Parent/Guardian's name), hereby give permission for any and all medical attention to be administered to my child (Child's name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

This release is effective for July 18<sup>th</sup>-22<sup>rd</sup>, 2022.

INSURANCE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_

In case I cannot be reached, the following people are designated to act on my behalf:

Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

CONTACT CELL PHONE: \_\_\_\_\_

**If not vaccinated it is strongly recommended that a mask be worn.**

**Visit [SHSGS.org](http://SHSGS.org) for details and Registration forms!**