



I hereby give my permission for any and all medical attention necessary to be administered to my child _____ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of such treatment.

My Name _____

Address _____

Telephone Number (Home) _____

Telephone Number (Work) _____

My Insurance Co. _____

My Policy # _____

In the event I cannot be reached, the following person is so designated:

Name _____

Address _____

Telephone Number _____

Our Family Physician is : _____

Name _____

Address _____

Telephone Number _____

Known Allergies : _____

Other Information : _____

MECHANICSBURG SOCCER CLUB
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