

Tom Ordway  
USEF Technical Delegate  
208-875-0974



### Medical Release Form

I, \_\_\_\_\_ (Parent/Guardian) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (Child's name) 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 such treatment. This release is effective for the period of one year given from the date below.

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
INSURANCE CO.: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_

In case I cannot be reached, any of the following persons are designated to act on my behalf.

\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
KNOWN ALLERGIES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(Parent/Guardian)*

Subscribed and sworn before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

SEAL

\_\_\_\_\_  
*Notary Public*