



AaaWamb



Volleyball

Parental Medical Release

I _____ do hereby authorize (_____) to obtain whatever
(Printed name of parent/legal guardian) Printed name of person responsible for the child).
necessary medical treatment may be deemed necessary for my minor child _____. My child will be in
his/her care (Printed name of child).
from _____ to _____
(Start date of event) (End date of event)

My Medical Insurance is:

Name of Insurance Company: _____

Policy #: _____

Policyholder Name: _____

Identification #: _____

Printed Name of Parent

Date

Signature of Parent

Date

Signature of Witness

Date