

**MEDICAL RELEASE FORM**

I/We, \_\_\_\_\_, of \_\_\_\_\_  
(Parent/Guardian) (Street Address)

\_\_\_\_\_, City of \_\_\_\_\_  
(City)

County of \_\_\_\_\_, State of FLORIDA, am/are  
(County) (State)

the parent(s)/ guardian(s) have legal custody of \_\_\_\_\_, a minor,  
(Child's Name)

age \_\_\_\_\_, born \_\_\_\_\_, who reside with me/us at the set  
(Age) (DOB)

form above. I

IN CASE OF AN EMERGENCY, I/We authorize South Lake Soldiers Youth

Sports Inc, an organization and its adult representatives, in whose care the minor has been entrusted, and who resides at 13930 Education Ave City of Minneola State of Florida, to take said minor to an emergency room, doctor's office, clinic, or hospital. I/We also give my/our consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or surgeon licensed to practice in any state of the United States and do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and to hospital care, to be rendered to the minor by a dentist licensed to practice in any state of the United States.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian)

Before me personally appeared

\_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_

20 \_\_\_\_\_

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

My commission expires: \_\_\_\_\_