



## 2011-2012 Medical Authorization & Release Form

Parent/Guardian Name:

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Phone/Cell Number:

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Insurance Carrier:

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Policy #:

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Medical Conditions/Allergies:

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Emergency Contact's Name (other than parent):

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Phone Number:

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In the event of an emergency please list your hospital of choice:

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Parent/Guardian Signature:

Dates Signed:

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**By signing above I authorize Buffalo Envy All Stars, Inc. and their staff to use their training and expertise in the event of an emergency to provide the proper and necessary care to my daughter/son.**