

## Medical Release Form...

I, \_\_\_\_\_, parent of, \_\_\_\_\_ permit Jim Hisey or Kevin White to address /administer any and all medical needs in my absence by a licensed Physician (while in Roswell, GA. For the Region 8 Elite Team Camp) If there is a Medical Emergency, I permit Jim Hisey or Kevin White to sign for all needs. Jim Hisey or Kevin White will communicate with me via. Phone: \_\_\_\_\_, and will keep me informed of my son's progress.

Signed parent: \_\_\_\_\_

Printed parent: \_\_\_\_\_

Date: \_\_\_\_\_

**Please scan and e-mail a copy of your son's Health Insurance card!**