



NCE SOCCER MEDICAL AUTHORIZATION FORM

I, _____, being the parent and/or legal guardian of
_____ (hereinafter, my child(ren) hereby authorize NCE director
and staff to seek and obtain medical care for my child in the event he/she needs medical
care.

My child has the following allergies: (if applicable, please provide details and any ongoing
treatment)

Condition/Allergy & Treatments.

1.

2.

3.

Other Notes or Comments:

I agree to be financially responsible for the cost of any medical care provided to my child
under this Authorization.

My health insurance carrier is _____

and my Policy or Certificate number is _____

Date _____

Signature of Parent (or Legal Guardian) _____

Witness Signature _____