

FUTURE STARS MEDICAL AUTHORIZATION FORM

Last Name	First Name	Date of Birth	Telephone Number
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Address	City / State / Zip	Mothers Business Ph.	Fathers Business Ph.
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Give the name of relatives or friends who will be responsible for your child in case of illness when you cannot be reached.

Name	Address	City / State / Zip	Phone
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Name	Address	City / State / Zip	Phone
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As parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his life, cause disfigurement, physical impairment or undue discomfort if delayed.

I authorize Future Stars Basketball Camp to take action necessary in case of emergency.

Date	Signature of Parent or Guardian
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This release is intended for the period of _____

Last Tetanus Shot: _____

Allergies: _____

FAMILY PHYSICIAN:

Name

Phone Number

All campers are to be covered by medical insurance. Please state the names of the company he is covered by:

Insurance Company Name

PLEASE COMPLETE THIS FORM AND BRING TO REGISTRATION