

**PARENTAL CONSENT
FOR EMERGENCY MEDICAL TREATMENT**

Please PRINT all information.

Name of Player: _____

Name of Parent or guardian: _____

If parents are not available, please call relative below:

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Health Insurance Information:

Company Name: _____ Policy Number: _____

Address: _____ City/State/Zip: _____

*****A COPY OF YOUR INSURANCE CARD MUST BE ATTACHED TO THIS FORM*****

Past injuries/illnesses that affected participation & dates:

Special medical or health conditions:

Food or drug allergies: _____

Medications: _____

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE PERMISSION FOR AN ADULT COACH OR CHAPERONE TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE SAID PARTY FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD.

Parent Signature: _____

Address: _____

City/St/Zip: _____

Date: _____