

## **USA HOCKEY**

## **CONSENT TO TREAT**

This is to certify that on this date, I	, as parent or guardian
of	_, give my consent to USA Hockey and its medical
	e from any licensed physician, hospital, or clinic for
the above mentioned athlete, for an	y injury that could arise from participation in USA
Hockey sanctioned events.	
If said athlete is covered by any insul	rance company, please complete the following:
Name of Insurance Company:	
Addross:	
Addiess	
Policy Number:	
Signed:	
	ent/guardian)
Relationship to Athlete:	
reading to 7 talloto.	
Home Address:	
Phone: (	Date:
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Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details call Jay Bernard at 1-800-486-6880.

(over, please)

## **MEDICAL HISTORY FORM**

me: Date:			
Address:		Birthdate:	
Daytime Phone:	Evening Phone:		
WHO TO CONTACT IN CASE OF AN EMERGE			
Name:	Relationship: _		
Daytime Phone:	Evenina Phone:		
Physician's Name:			
Daytime Phone:			
	_		
Hospital of Choice:			
PLEASE COMPLETE THE FOLLOWING:			
If the answer to any of the following questions is tions for proper first aid treatment on a separate	piece of paper.	scribe the	problem and its implica-
Have you had (or do you presently have) any of	the following?	Circl	le One
Head injury (concussion, skull fracture)		Yes	No
Fainting spells		Yes	No
Convulsions/epilepsy		Yes	No
Neck or back injury		Yes	No
Asthma		Yes	No
		Yes	No
High blood pressure			
Kidney problems		Yes	No
Hernia		Yes	No
Diabetes		Yes	No
Heart murmur		Yes	No
Allergies		Yes	No
specify:			
Injuries to:			
Shoulder		Yes	No
Knee		Yes	No
Ankle		Yes	No
Fingers		Yes	No
Arm		Yes	No
Other:			
Impaired vision		Yes	No
Impaired hearing		Yes	No
Other:			
Have you had a recent tetanus booster?	If so, when?		
Are you currently taking any medications?			
Are you currently taking any medications?	_ vvnat? vvny?		
Has the doctor placed any restrictions on your ac	ctivity? Explain		
	· ·		
Signed:		Date:	
(Athlete)	_		
Signed:		Date:	
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(Parent)