



## Consent for Emergency Medical Treatment

I hereby give consent for my daughter/son \_\_\_\_\_ to receive Emergency medical treatment, including but not limited to transportation, which may be advisable in the event of accident, emergency, or illness arising out of participation in or related to soccer activities, including but not limited to games, practices, clinics, tournaments, and transportation to such events.

I hereby assume responsibility for the payment of such emergency medical treatment.

Parents Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Name of Medical Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_