

UPPER LOUDOUN YOUTH FOOTBALL

CONSENT FOR TREATMENT

(Each Player must complete and have signed all 4 copies (1 sheet))

Player Name _____ Age _____
Home # _____ Emergency # _____
Home Address: _____
City _____ State: _____ Zip _____
Family Physician _____ Phone: _____
Family Insurance Co: _____ Phone: _____
List Any Allergies _____
Required Medication _____
League Name: UPPER LOUDOUN YOUTH FOOTBALL
League Accident Insurance: Sadler & Company
League Accident Insurance Policy #: _____

In case of an accident or illness, I hereby authorize a representative of Upper Loudoun Youth Football, Inc. to use his/her judgment in obtaining immediate medical care.

Date: _____ Signed _____
Parent or Guardian

(Parents will be notified in case of serious illness or injury as quickly as they can be reached but this will make immediate treatment possible)

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