

EPYWA APPOINTMENT OF AGENT

I hereby appoint any coach or board member of the *East Penn Youth Wrestling Association*, of lawful age, as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of:

(Wrestler first and last name)

for any illness or injury that may occur while such person is in the care or custody of the agent between the dates of _____, and _____, immediately available to give such consent.

Dated this _____ day of _____.

(Parent or Guardian Signature)

(Print Name)

(Relationship to child)

(Address)

(_____)_____-_____ (_____)_____-_____

(Home Phone)

(Work Phone)

Witness: _____

Doctor's Name _____ Phone (_____)_____-_____

List of regularly taken medications _____

Tetanus Toxoid _____.

Does this child have any history of respiratory illness or allergies? Yes _____ No _____

Please state problems: _____

Insurance Company _____ Policy No. _____