

Players Name: \_\_\_\_\_

## CONSENT TO TREAT/EMERGENCY INFORMATION

In case of injury or illness to the minor and I as parent or guardian can't be contacted immediately, I do hereby authorize officials and staff of North Valley Hockey/Cal Skate to take whatever steps are necessary to protect the health of my child including emergency transport.

\_\_\_ I agree to consent to treat

Family Doctor Name \_\_\_\_\_

Family Doctor Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Person to contact in case of emergency if parent not available:

Name \_\_\_\_\_

Phone \_\_\_\_\_

## MEDICAL INFORMATION (Please select and explain "Yes" answers)

Has a history of seizure or fainting                      Yes                      No

Is a diabetic and takes insulin                              Yes                      No

Is subject to specific allergies                              Yes                      No  
(explain type and medications)                              \_\_\_\_\_

Has a medical condition which may affect participation                      Yes                      No

Is currently taking prescribed medications                      Yes                      No

Explain above "Yes" answers: \_\_\_\_\_

\_\_\_\_\_

Parent Name: \_\_\_\_\_

Printed

Signature

Date