

EMERGENCY CONTACT AND MEDICAL TREATMENT CONSENT FORM

Participant Name _____ DOB (MM/DD/YY) _____
Grade _____

Emergency Contact Name: _____

Contact Phone: _____ Relationship: _____

Physician Name/Phone: _____

Dentist Name/Phone: _____

Insurance Provider/Policy #: _____

Name of Policy Holder: _____

Please list any health concerns that could help in the case of an emergency (Past injuries, allergies, medications, etc.)

I hereby authorize any qualified physician to administer emergency care to _____ (“Participant”), to render any treatment or medical care to Participant they deem necessary to protect her health and well-being, and to arrange for any consultation by medical specialists, including surgeons, which they deem necessary to insure the proper care and treatment of any injury. Additionally, I hereby authorize hospitalization at an accredited hospital if deemed reasonably necessary to provide the proper care for the treatment of any injury sustained by Participant. I also hereby grant permission to coaches and assistants to provide first-aid deemed reasonably necessary to protect the health and well being of Participant.

I understand that the terms hereof apply to any injury, illness, or other medical problem or emergency that arises as a result of or in conjunction with any aspect of athletic participation, including, but not limited to, tryouts, practice, conditioning, meetings, games and travel. I also understand that reasonable efforts will be made to contact the Emergency Contact named above before any serious or involved medical treatment.

Parent/Guardian Signature

Date