

**DANE COUNTY AREA YOUTH
FOOTBALL LEAGUE, INC.
MEDICAL EMERGENCY
INFORMATION**

Program Name_____

Team Name_____

Grade(fall)_____

I hereby authorize the coaching staff and agents of the Dane County Area Youth Football League, Inc. ("DCAYFL"), a Wisconsin Non-Stock Corporation, to use and disclose any and all of my child's individual health and medical information or other information that I have herein provided or subsequently provide in writing. This release authority applies to any information which may be governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPPA), 42 USC 1320d and 45 CFR 160-164.

Further, I hereby consent and authorize the coaching staff and agents of the DCAYFL to seek out and authorize the necessary hospital care and/or medical treatment for the child named herein for any illness or injury that may occur while such child is participating in, or in the care or custody of an agent of the DCAYFL. I understand that medical and other information herein or subsequently provided to the DCAYFL will be used if medical treatment and or hospital care is required and I am not immediately available to obtain said medical care or treatment or give my consent for the performance of said care or treatment. The coaching staff and agents of DCAYFL will do their best to seek care from the doctor or the hospital as herein provided by me, however, I hereby authorize them to use their best judgement in obtaining expedient and proper care of my child in the event the designated facilities herein are not practical or available under the circumstances.

Athlete's Name_____

Father/Guardian_____ Mother/ Guardian_____

Home Address_____ Home Address_____

Home Phone _____ Home Phone_____

Work Phone_____ Work Phone_____

Cell Phone_____ Cell Phone_____

Physician Name _____

Clinic _____ Phone_____

Address_____

Hospital _____ Phone_____

Weight_____ Height_____ Date of Birth_____ School/Grade (fall)_____

Current Medications_____

Pre-Existing Medical Conditions_____

Allergies_____

Other Comments or Instructions_____

Medical Insurance Provider_____

Policy Number _____

In case of Emergency Notify_____ Phone Number_____

If unavailable, please notify_____ Phone Number_____

My signature below certifies that I have read and understand the requirements of me and my child to participate the Dane County Area Youth Football League.

Dated:_____ Parent/Guardian

Dated:_____ Athlete