



FORM A

## Medical Treatment Consent Form

Child's name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_

Known allergies, medical problems, physical limitations, current medications:

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetnus Shot \_\_\_\_\_

\*Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

\*Group Name \_\_\_\_\_ Group # \_\_\_\_\_

\*ID # \_\_\_\_\_

***\*Required Information***

**In the event that I can not be reached in an emergency, I hereby give my permission for a qualified medical professional to provide necessary medical treatment for my child.**

Sport/Activity to which this consent form applies \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent E-mail Address #1: \_\_\_\_\_

Parent E-Mail Address #2: \_\_\_\_\_

This information will be kept on file for use in an emergency. If there is ever a need to change or update this information, please contact the coach or the athletic director.