Emergency Medical Treatment, Consent and Information Form

Parent/Guardian Authorization

Participant Name

Date of Birth:

Home Address:

Home Phone:

Parent/Guardian Name:

Relationship to Child:

Cell Phone:

Work Phone:

EMERGENCY CONTACTS (if parent/guardian cannot be reached):

Contact 1 Name:

Contact 1 Phone:

Relationship:

Contact 2 Name:

Contact 2 Phone:

Relationship:

MEDICAL INFORMATION:

Allergies:

Medications:

Doctor's Name:

Doctor's Phone:

Medical Insurance Provider:

Policy Number:

By signing below, I grant permission to the league's coaches, administrative staff, volunteers, and licensed medical professionals to authorize and obtain emergency medical treatment for my child in my absence. I acknowledge the understanding that the league will make all reasonable attempts to contact me before initiating treatment, provided that doing so does not compromise the immediate health and safety of the child.

Parent/Guardian Signature

Date