## **Emergency Medical Treatment, Consent and Information**

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form or attach additional pages as needed. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participant's coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

	Α	THLETE IN	FORMATION	1		
Athlete's Name:		Nick Nam	ne:		Phone: (	)
Address:		City:			State:	Zip:
	PARENT	OR GUARI	DIAN INFOR	MATION		
Father's Name:						
Address:		City:			State:	Zip:
Hm Phone: ( )	Daytime Pho	ne: ( )	ŀ	Email:		
Employer:						
Mother's Name:						
Address:		City:			State:	Zip:
Hm Phone: ( )	Daytime Pho			Email:	- Totalo:	<u> </u>
Employer:	[ = 0.7	( )	-			
Guardian's Name:		Lau				Т
Address:		City:	•		State:	Zip:
Hm Phone: ( )	Daytime Phor	ne: ( )		Email:		
Employer:						
	FAM	ILY MEDIC	AL INSURAN	NCE		
Carrier:			Group:			
Policy #:			Group #:			
Policy Holder Name:						
Family Physician's Name:		_				_
Dr's Address:		City:			State:	Zip:
Phone: ( )	Fax: (	)		nail:		
	EMERGE	NCY MEDI	CAL INFORM	MATION		
Preferred Hospital(s):						
EMERGENCY CONTACT:			Phone: (	)	Relationshi	•
Please list any medical condition above. Please list any other infor note if no information is given and	mation you may	deem relev	ant, and help	oful to emer	gency medical pers	sonnel: (please
Allergies:	2 the Words 1101	110 01 11/4	10 1100 111100 11	1 (11011, 11011)	- Will be accamed	<u> </u>
Medical Conditions:						
Other:						
*I as evidenced below hereby grant permission for my child/ward to participate in any and all, _						
including but not limited to, athlet and all medical treatment necess child/ward is afflicted. I understar advance to avoid any unnecessa	(Associal and/or cary to stabilize and that this authory delay in emer	tion name) a r fundraising and or treat orization is rgency treat	and, America gactivities. I f any medical given prior to	n Youth Foo further conse condition or the need fo	otball, Inc. programent to the administration medical emergenor medical care, but	n(s) event(s), ration of any cy to which my t given in
may deem advisable in the exerc				J GROTTAGI		

\*Print Parent/Legal Guardian Name

\*Signature Parent/Legal Guardian

\*Date

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.