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. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

ATHLETE INFORMATION			
Athlete's Name:	Nick Name:	Phone: ( )	
Address:	City:	State:	Zip:

PARENT OR GUARDIAN INFORMATION			
Father's Name:			
Address:	City:	State:	Zip:
Home Phone: ( )	Day Phone: ( )	Email:	
Employer:			
Mother's Name:			
Address:	City:	State:	Zip:
Home Phone: ( )	Day Phone: ( )	Email:	
Employer:			
Guardian's Name:			
Address:	City:	State:	Zip:
Home Phone: ( )	Daytime Phone: ( )	Email:	
Employer:			

FAMILY MEDICAL INSURANCE			
Carrier:	Group:		
Policy #:	Group #:		
Policy Holder Name:			
Family Physician's Name:			
Dr's Address:	City:	State:	Zip:
Phone: ( )	Fax: ( )	Email:	

EMERGENCY MEDICAL INFORMATION
Preferred Hospital(s):
EMERGENCY CONTACT: ***Phone: ( )*** ***Relationship:***
Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed.
Allergies:
Medical Conditions:
Other:

I_____ as evidenced below hereby grant permission for my child/ward to participate in any and all, (Association name) and, American Youth Football, Inc. program(s), event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

_____ _____ _____

Print Parent/Legal Guardian Name ***Signature Parent/Legal Guardian*** ***Date***