

EMERGENCY INFORMATION/ MEDICAL RELEASE FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian: _____

Emergency Contact Phone Number: (_____) _____

Date of Birth: ____/____/____ Age: _____ American Citizen (Yes/No): ____

Parent/Legal Guardian Signature: _____ Date ____/____/____

Athlete Signature: _____ Date ____/____/____

MEDICAL EMERGENCY AND INSURANCE INFORMATION

Name of Physician: _____ Physician Phone Number: (____) _____

Name/Relation of Emergency Contact: _____

Contact Phone Number: (_____) _____

Insurance Provider: _____ Group Number: _____

Policy Number: _____ Known Allergic Reactions: _____

Additional Major Medical Concerns: _____

PARENTAL CONSENT AND IDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by available medical staff and/or a licensed physician when deemed necessary or advisable by appointed representatives in case of my absence. I waive my right of informed consent to such treatment and release from any litigation expenses, attorney fees, loss liability, and damage or cost any Releasees may incur as the result of any such claim.

Parent/Legal Guardian Signature: _____ Date ____/____/____