

Meerkats Field Hockey Club

Parental Consent for Emergency Medical Treatment

Please **PRINT** all information.

Name of Player: _____

Name of Parent or guardian: _____

Parent Phone/s: _____

If parents are not available, please call relative/friend below:

Name: _____ Relationship: _____

Phone: _____

Health Insurance Info

Company Name: _____ Policy Number: _____

Address: _____

City _____ State _____ Zip _____

*****A copy of your insurance card FRONT & BACK MUST be attached to this form*****

Past injuries/illnesses that affected participation & dates _____

Special medical or health conditions _____

Food or drug allergies _____ Medications _____

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE PERMISSION FOR AN ADULT COACH OR CHAPERONE TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE SAID PARTY FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD.

Parent Signature _____ Date _____

Address _____

City _____ State _____ Zip _____