

Emergency Information and Consent

ATHLETE INFORMATION

Athlete's Name: _____ Nickname: _____
Address: _____
Home Phone: _____

PARENT OR GUARDIAN INFORMATION

Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Other Phone: _____
Employer: _____ Work Phone: _____

FAMILY MEDICAL INSURANCE

Carrier: _____ Group: _____
Policy #: _____ Group #: _____
Policy Holder Name: _____
Family Physician Name: _____
Physician Phone #: _____
Allergies (list): _____
Serious Medical Conditions (list): _____

AUTHORIZATION

I/we hereby grant consent to any and all health care providers designated by Town of Ranlo to provide my child _____ any necessary medical care as a result of _____ (Athlete's Name) any injury/illness. This consent includes First Aid and transportation to/from health care providers.

Date: _____ Guardian's Signature: _____

