

Consent form in case of medical emergency

To be signed by parent /guardian at the time of Registration.

**Keep at location of sport activities at all times**

I hereby certify that I am the parent/guardian of \_\_\_\_\_

(participant's name)

who is under 18 years of age and I hereby consent to any emergency medical procedures which may be deemed necessary by a licensed medical practitioner as a result of his/her involvement in a sport activity.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Business phone # \_\_\_\_\_ Witness \_\_\_\_\_

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Confidential Participant Information Card

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Person to be contacted in the case of emergency: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Alternate contact: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital insurance number: \_\_\_\_\_

Subscriber's number \_\_\_\_\_

Any medications: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Any previous injuries/other concerns: \_\_\_\_\_

Medications carried: \_\_\_\_\_ Administered by: \_\_\_\_\_

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**KEEP AT LOCATION OF SPORT ACTIVITIES AT ALL TIMES**