2023 Spring Football League

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 I	NFORMATION				
Athlete's Name:	DATE OF BIRTH:		<mark>Phone</mark>	<mark>e: (</mark>)		
Address:	City:		State:		Zip:	
	PARENT OR GUAR	RDIAN INFORMATIO	N			
Father's Name/Male Guardia	<mark>n:</mark>					_
Address:	City:		State:		Zip:	
Hm Phone: ()	Daytime Phone: ()	Email:			
Employer:						
Mother's Name/Female Guar	<mark>rdian:</mark>					
Address:	City:		State:		Zip:	
Hm Phone: ()	Daytime Phone: ()	Email:			
Employer:						
	FAMILY MED	ICAL INSURANCE				
Carrier:		Group:				
Policy #:		Group #:				
Policy Holder Name:						
Family Physician's Name:						
Dr's Address:	City:				State:	Zip:
Phone: ()	Fax: ()	Email:				
	EMERGENCY ME	DICAL INFORMATION	V			
Preferred Hospital(s):						
Emergency Contact 1:		Phone: ()		Relatio	nship:	
Emergency Contact 2:		Phone: ()		Relatio	nship:	
Please list any medical conditi	ions (allergies, asthma, etc.) And m	nedications being tak	en by the p	articipar	nt named a	bove. Please list
The state of the s	ay deem relevant, and helpful to er		ersonnel: (p	lease no	te if no info	ormation is given
	" is not filled in then, "none" will b	e assumed.				
Allergies:						
Medical Conditions:						
program(s) sanctioned event(s), hereby consent to any and all her and from health care facilities and surgery which is deemed advisab that this authorization is given pr	nission for my child/ward to participat be they official or un-official, including alth care providers, authorize any first d/or any medical professional to provible by and to be rendered under the gerior to any need for medical care, but gosional may deem advisable in the exer	but not limited to, ath aid, emergency treatm ide treatment, order inj eneral or special superv given to avoid unnecess	letic, social anent, includir jections, hos ision of any pary delay in	and/or fur ng but not pitalize, g physician emergen	ndraising act t limited to t give anesthes and/or surgo cy treatment	ivities. I further ransportation to sia or perform eon. I understand t which the
Print Name	 Signature		 Date	_/	<i>J</i>	

ASSOCIATION/TEAM NOTE

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.