

# Medical Information and Treatment Consent Form for RJH

*Please complete and return to Ms. Cronin*

Name: \_\_\_\_\_ Homeroom/Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Known allergies, medical problems, physical limitations, current medications:

\_\_\_\_\_

Insurance Company:

\_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give my permission for a physician or hospital to provide necessary emergency treatment for my child. I also have listed any persons other than my child's parents who are authorized to pick up my child after any games.

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Printed name of parent/guardian

Parent email (this will be for coaches to be in contact with you so please list any/all you would like to be contacted with):

\_\_\_\_\_

\_\_\_\_\_

Emergency contact information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other persons authorized to pick up my child after games:

\_\_\_\_\_

\*\* Please note: If someone other than the individuals listed above will be picking up your child you must send in a note to the coach.



