

Medical Information and Treatment Consent Form for RJH

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.