

A) CONSENT FOR MEDICAL CARE & TREATMENT

In order that your child receive prompt and appropriate medical treatment when you cannot be reached to give your consent, please sign this Consent for Medical Care and Treatment and return to your daughters softball coach. This record will be retained by the softball team for the current season and accompany the adult in charge at all practices, games and other team activities.

The care of your child is uppermost in our thoughts and your cooperation is appreciated.

I hereby give permission for my child _____ to be taken for emergency treatment by her team coach or assistant coach.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed board certified physician or hospital when deemed necessary.

INFORMATION ON MY CHILD

Child's Name: _____ Date of Birth: _____

Allergies and Drug Reactions: _____

Chronic Illness: _____

Regular Medications: _____

Date of Last Tetanus Immunization: _____

Child's Physician: _____ Phone: () _____

Child's Dentist: _____ Phone: () _____

Parent's Address: _____ Phone: () _____

Parent's Employer: _____ Phone: () _____

Insurance Coverage: _____ Group # _____

Signature of Parent or Guardian

Date

Alternative person(s) to contact in emergency:

<u>Name</u>	<u>Work Phone</u>	<u>Home Phone</u>	<u>City</u>	<u>Relationship</u>
_____	() _____	() _____	_____	_____
_____	() _____	() _____	_____	_____

PARENT CELL # _____

