



<Insert Club Name>

To all parents: Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: _____ Gender: M ___ F ___

Grade: _____ Age: _____ Date of Birth : _____ / _____ / _____

Father's Name: _____ Mother's name: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Another Person to Contact: _____

Relationship: _____ Phone #'s: _____

Insurance Name: _____

Policy and Group Numbers: _____

ALLERGIES: _____

CONSENT STATEMENT: Yes, I authorize medical treatment.

Parent signature: _____ Student signature (if over 18): _____

PARENT'S CONSENT TO PARTICIPATE

I hereby give my consent for _____ to participate in school sponsored activities which may occur outside of normal school hours.

Date: _____ Signature: _____