



## MEDICAL DISCLOSURE AND EMERGENCY TREATMENT CONSENT FORM

Player's Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Medical Information:

Please indicate if your child has any health problems:

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What medicine, if any, does your child take? :

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Is your child allergic to any medicine or food? :

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Please indicate any special medical instructions for your child or any known allergies:

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**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

**Physician and Insurance Information:**

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Please indicate which type of insurance currently being used for your child:

Medicaid #: \_\_\_\_\_

Private Insurance: \_\_\_\_\_

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

Policy Owner: \_\_\_\_\_

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

I understand that every effort will be made to contact me. However, in case of an emergency and I cannot be reached I, \_\_\_\_\_, give permission for any agent of the JBD/NAYS to authorize any necessary medical, dental, or other care, including first aid for my child \_\_\_\_\_.

I absolve the JBD Flight/NAYS, including their agents, from liability in acting on my behalf in this regard.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed