



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:

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

Is your child allergic to any medicine or food? :

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

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 12 Deep to authorize any necessary medical, dental, or other care, including first aid for my child _____.

I absolve the 12 Deep, including their agents, from liability in acting on my behalf in this regard.

Parent/Guardian Signature

Date Signed