

CCHS EMERGENCY CONSENT TO TREAT

SPORT(S): _____
(Please list all sports you are planning on participating in for the year)

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

FATHER'S NAME: _____

HOME#: _____

WORK#: _____

MOTHER'S NAME: _____

HOME#: _____

WORK#: _____

EMERGENCY CONTACT: _____

(Other than parent)

PHONE#: _____

FAMILY PHYSICIAN: _____

PHONE#: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

MEDICATIONS: _____

ALLERGIES: _____

LAST TETNUS SHOT: _____

PRE-EXISTING ILLNESS OR DISEASE: _____

In the event of a serious or potentially serious medical emergency and I cannot be contacted, I grant permission for the medical staff or coaching staff to seek medical attention from the nearest facility.

PARENT'S SIGNATURE

DATE

CCHS SPORTS MEDICINE