

Youth Football League
Medical Consent Form
(please print)

Player name _____ Birth Date _____

Age _____ Home Phone _____ Cell phone _____

Parent/Guardian name(s) _____

List other parent/guardian contact numbers (cell, work, etc. and time of DAY to be reached)

IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED:

Notify (Name) _____ Phone _____

Family Doctor _____ Phone _____

Preferred Hospital _____

Health history (Kidney, diabetes, asthma etc.) and LIST any current medication being taken

Allergy to any medication YES NO if yes, List _____

While competing do you wear: ___ glasses ___ contacts Last Tetanus Shot _____

INSURANCE CARRIER AND POLICY NUMBER _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunization for the above named player. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician and/or coach to contact me in the most expeditious way possible. If said physician and/or coach is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents/guardians as soon as possible. Permission is also granted to the coaches to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

The team coaches may apply first aid treatment until the doctor can be contacted. YES _____ NO _____

I give my consent for coaches to use their own judgement in securing medical aid and ambulance service in case the parent/guardian cannot be reached. YES _____ NO _____

Parent/Guardian signature _____ Date _____