

Parental Consent & Pediatric Athlete Medical Form

Athlete Information

First Name

Last Name

Date of Birth

Gender

Address

City

State

Zip Code

Parent/Guardian Information

Name

Relationship

Phone

Email

Emergency Contact

Name

Relationship

Phone

Medical Information

Allergies

Current Medications

Medical Conditions

Primary Physician

Physician Phone

Insurance Provider

Policy Number

Parental Consent

I, the undersigned, consent to my child's participation in the designated athletic activities and authorize emergency medical treatment as deemed necessary by medical personnel.

Parent/Guardian Signature

Date