Emergency Medical Treatment Consent for Athletes

Relationship to Athlete Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Policy Number Consent Statement	Athlete's Name
Sport/Team Parent/Guardian Name Relationship to Athlete Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Consent Statement Signature	
Sport/Team Parent/Guardian Name Relationship to Athlete Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Consent Statement Signature	Date of Birth
Parent/Guardian Name Relationship to Athlete Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Consent Statement Signature	
Parent/Guardian Name Relationship to Athlete Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Policy Number Consent Statement Signature	
Relationship to Athlete Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Policy Number Consent Statement Signature	Sport/Team
Relationship to Athlete Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Policy Number Consent Statement Signature	
Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Policy Number Consent Statement Signature	Parent/Guardian Name
Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Policy Number Consent Statement Signature	
Emergency Contact Number Allergies/Medical Conditions Current Medications Insurance Provider Policy Number Consent Statement Signature	Relationship to Athlete
Allergies/Medical Conditions Current Medications Insurance Provider Policy Number Consent Statement Signature	
Allergies/Medical Conditions Current Medications Insurance Provider Policy Number Consent Statement Signature	For any and O and a 4 Novel and
Current Medications Insurance Provider Policy Number Consent Statement Signature	Emergency Contact Number
Current Medications Insurance Provider Policy Number Consent Statement Signature	
Insurance Provider Policy Number Consent Statement Signature	Allergies/Medical Conditions
Insurance Provider Policy Number Consent Statement Signature	
Insurance Provider Policy Number Consent Statement Signature	
Policy Number Consent Statement Signature	Current Medications
Policy Number Consent Statement Signature	
Policy Number Consent Statement Signature	
Consent Statement Signature	Insurance Provider
Consent Statement Signature	
Signature	Policy Number
Signature	
	Consent Statement
	Signature
Date	
Date	Data
	Date