

Youth Wrestling Meet Emergency Medical Consent

Participant Information

Wrestler's Name

Date of Birth

Age

Parent/Guardian Name

Address

Phone Number

Alternate Phone

Emergency Contacts

Contact Name

Relationship

Phone

Contact Name

Relationship

Phone

Medical Information

Allergies

Current Medications

Medical Conditions

Primary Physician Name

Physician Phone

Medical Insurance Company

Policy Number

Group Number

Consent and Authorization

I, the parent or legal guardian of the above-named participant, hereby authorize the diagnosis and treatment of my child by qualified and licensed medical personnel in the event of a medical emergency, as deemed necessary by such personnel.

Parent/Guardian Signature

Date