

**2018 FALLFEST PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE**

PLAYERS NAME: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

***EMERGENCY INFORMATION***

FATHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

**IN EMERGENCY WHEN PARENTS CANNOT BE REACHED PLEASE CONTACT**

NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

PLAYER'S ALLERGIES \_\_\_\_\_

OTHER MEDICAL CONDITIONS \_\_\_\_\_

PLAYER'S PHYSICIANS \_\_\_\_\_ HOME# \_\_\_\_\_ WK \_\_\_\_\_

MEDICAL AND/OR HOSPITAL \_\_\_\_\_ PHONE# \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ POLICY# \_\_\_\_\_

GROUP# \_\_\_\_\_

I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_

