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**CONSENT FOR MEDICAL/SURGICAL CARE/EMERGENCY TREATMENT
AND CHILD'S MEDICAL INFORMATION**

I, (We) the undersigned parent, parents, or legal guardian of (player's name) _____ a minor, hereby give my (our) consent for emergency medical care prescribed by a duly licensed Doctor of Medicine and/or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my (our) dependent.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian (Please Print) _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Business Phone (____) _____

Witness _____ Date _____

Notary Signature _____ Date _____

Child's Allergies: _____

Date of Last Tetanus: _____

Medicines child is currently taking: _____

Other Information: _____

Insurance Company: _____

Insurance Policy Number: _____

