

R.C. Striders
Track & Field Club

**CONSENT FOR EMERGENCY TREATMENT
ATHLETE MEDICAL INFORMATION**

Name of Athlete

In presenting my son/daughter for diagnosis and treatment,

I/We _____ for _____ years of age, hereby voluntarily consent

Mother Father Legal Guardian Son Daughter
to the rendering of such care, including diagnostic procedures, medical, surgical, and dental treatment, by authorized members of the hospital staff or their designees as may in their professional judgement deemed necessary. I hereby acknowledge that no guarantees have been made to me as the effect of such examinations or treatment of my/our child's condition.

I/We hereby give my/our consent to Striders' staff and coaches of the R.C. Striders' Track and Field Club, when I/we are not present, to arrange for routine or emergency medical/surgical/dental care and treatment necessary to preserve the health of my/our child. I/We acknowledge that I am/we are responsible for reasonable charges in connection with the care and treatment rendered.

Parents Name(s) _____ Child's Physician _____

Address _____ Phone # _____

C/S/Z _____ Allergies _____

Phone # _____

Name, ID # and phone # of Health Insurance Carrier _____ Date of Last Tetanus Booster _____

_____ Medications Currently Taking _____

In case of emergency, I/We can be reached at:

Home: _____ (Mother) _____ (Father) Cell _____ (Mother) _____ (Father)

I have read this form and I/We certify that I/We understand its contents:

Signature _____ Date _____ Signature _____ Date _____