



MEDICAL DISCLOSURE AND EMERGENCY TREATMENT CONSENT FORM

Player's Name: _____ Age: _____ Date of Birth _____

Address:

Home Phone #: _____ Cell Phone #: _____

Medical Information:

Please indicate if your child has any health problems:

What medicine, if any, does your child take? :

Is your child allergic to any medicine or food? :

Please indicate any special medical instructions for your child
or any known
allergies: _____

Emergency Contact:

Name: _____ Relationship to child:

Address:

Home Phone#: _____ Work Phone# _____

Cell Phone#: _____

Physician and Insurance Information:

Family Doctor: _____ Phone
#: _____

Address:

Please indicate which type of insurance currently being used for
your child:

Medicaid
#: _____

Private Insurance:

Policy #:

Policy Owner:

Group #:

I understand that every effort will be made to contact me.
However, in case of an emergency and I cannot be reached I,
_____, give permission for any agent of
the 12 Deep to authorize any necessary medical, dental, or other
care, including first aid for my child
_____.

I absolve the 12 Deep, including their agents, from liability in
acting on my behalf in this regard.

Parent/Guardian Signature

Date Signed