

ATHLETE CONSENT



Athlete Name _____

Media

I hereby give permission to provide photographs or give information to the News Media about the above named athlete for recognition and/or promotion of athlete and Get Out! program:

Yes

No

Medical

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named athlete. In the event of serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named athlete may be given.

In the event that an emergency arises during any training sessions, races, competitions, training camps, workshops or events, an effort will be made to contact the parent/guardian as soon as possible. Permission is also granted to the coaches to provide the needed emergency treatment to athlete prior to his/her admission to the medical facility.

Athlete Name _____ Signature _____ Date _____

Parent / Guardian Name _____ Signature _____ Date _____

Parent / Guardian Phone Numbers _____

Family Physician Name _____ Phone Numbers _____

Please indicate if athlete has any allergies to any drugs or medicines:

Please indicate if athlete has any health problems (asthma, diabetes, etc.):

Health Insurance Company _____

Group Insurance Number _____ Athlete Insurance Number _____