

Consent to Treat

This is to certify that on this date, I _____, as parent or guardian of _____ (athlete, participant), or for myself as adult participant, give my consent to _____ and it's representative to obtain medical care from any licensed physician, hospital, or clinic for the above named participant, for any injury that could arise from participation in sanctioned hockey events.

Insurance Provider: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ Date: _____

Emergency Contact

Name: _____ Phone: _____

Physician's Name: _____

Hospital of Choice: _____

Medical History

Circle any that apply and describe the problem on the back of this form:

Head Injury Seizures/Epilepsy Asthma Kidney Problems Heart Murmur

Diabetes Fainting Spells Neck/Back Injury High Blood Pressure Hernia

Please list any allergies _____

Has a doctor placed any restrictions on your activity (if yes, please explain):
