

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DUTY LICENSED DOCTOR OF MEDICINE FOR

FULL NAME _____
AS HIS/HER PARENT OF LEGAL GUARDIAN.
THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OF WELL BEING OF MY DEPENDENT.

DATE _____ SIGNED _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN'S BUSINESS TELEPHONE _____

MEDICAL INSURANCE _____

DATE OF LAST TETANUS SHOT _____

DRUG ALLERGIES _____

MEDICAL ALERT _____

LOCALLY, WE PREFER DOCTOR _____

DOCTOR'S ADDRESS _____ PHONE _____

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY

NAME _____ PHONE _____

TO: Baseball PLAYERS AND PARENTS

Please sign the bottom portion of this form to show that you have received and read the All Souls Athletic Code of Ethics and Baseball Rules.

Player

Parent/Guardian

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DUTY LICENSED DOCTOR OF MEDICINE FOR

FULL NAME _____
AS HIS/HER PARENT OF LEGAL GUARDIAN.
THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OF WELL BEING OF MY DEPENDENT.

DATE _____ SIGNED _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN'S BUSINESS TELEPHONE _____

MEDICAL INSURANCE _____

DATE OF LAST TETANUS SHOT _____

DRUG ALLERGIES _____

MEDICAL ALERT _____

LOCALLY, WE PREFER DOCTOR _____

DOCTOR'S ADDRESS _____ PHONE _____

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY

NAME _____ PHONE _____

TO: Basketball PLAYERS AND PARENTS

Please sign the bottom portion of this form to show that you have received and read the All Souls Athletic Code of Ethics and Basketball Rules.

Player

Parent/Guardian

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DUTY LICENSED DOCTOR OF MEDICINE FOR

FULL NAME _____
AS HIS/HER PARENT OF LEGAL GUARDIAN.
THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OF WELL BEING OF MY DEPENDENT.

DATE _____ SIGNED _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN'S BUSINESS TELEPHONE _____

MEDICAL INSURANCE _____

DATE OF LAST TETANUS SHOT _____

DRUG ALLERGIES _____

MEDICAL ALERT _____

LOCALLY, WE PREFER DOCTOR _____

DOCTOR'S ADDRESS _____ PHONE _____

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY

NAME _____ PHONE _____

TO: CHEERLEADING PLAYERS AND PARENTS

Please sign the bottom portion of this form to show that you have received and read the All Souls Athletic Code of Ethics and Volleyball Rules.

Player

Parent/Guardian

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DUTY LICENSED DOCTOR OF MEDICINE FOR

FULL NAME _____

AS HIS/HER PARENT OF LEGAL GUARDIAN.

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OF WELL BEING OF MY DEPENDENT.

DATE _____ SIGNED _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN'S BUSINESS TELEPHONE _____

MEDICAL INSURANCE _____

DATE OF LAST TETANUS SHOT _____

DRUG ALLERGIES _____

MEDICAL ALERT _____

LOCALLY, WE PREFER DOCTOR _____

DOCTOR'S ADDRESS _____ PHONE _____

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY

NAME _____ PHONE _____

TO: *Track* PLAYERS AND PARENTS

Please sign the bottom portion of this form to show that you have received and read the All Souls Athletic Code of Ethics and *Track Rules.*

Player

Parent/Guardian

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DUTY LICENSED DOCTOR OF MEDICINE FOR

FULL NAME _____
AS HIS/HER PARENT OF LEGAL GUARDIAN.
THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OF WELL BEING OF MY DEPENDENT.

DATE _____ SIGNED _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN'S BUSINESS TELEPHONE _____

MEDICAL INSURANCE _____

DATE OF LAST TETANUS SHOT _____

DRUG ALLERGIES _____

MEDICAL ALERT _____

LOCALLY, WE PREFER DOCTOR _____

DOCTOR'S ADDRESS _____ PHONE _____

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY

NAME _____ PHONE _____

TO: VOLLEYBALL PLAYERS AND PARENTS

Please sign the bottom portion of this form to show that you have received and read the All Souls Athletic Code of Ethics and Volleyball Rules.

Player

Parent/Guardian