

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 (Optional)

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

Head Injury

Fainting Spells

Seizures/Epilepsy

Neck/Back Injury

Asthma

High Blood Pressure

Kidney Problems

Hernia

Heart Murmur

Allergies

Diabetes

Other

Date of last tetanus booster: _____

List any medications you are currently taking:

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