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 Fraser Valley Hockey Association 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 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 athlete's activity (if yes, please explain):

_____