



MIDSTATES CLUB HOCKEY ASSOCIATION

www.midstateshockey.us

 @midstateshockey

Definitive Emergency Medical Care Consent

I, the undersigned parent of _____, do hereby consent to have prompt definitive emergency medical care administered to the aforementioned member of my family in my absence, in so doing; I release the administering facility and/or individuals from responsibility for medical service performed. The Midstates Club Hockey Association and/or its Club hockey members and representatives are hereby absolved from responsibility for subsequent consequences occurring there from. If necessary contact our child's doctor.

Physician: _____

Office Phone: _____

Exchange: _____

Home Phone: _____

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

If the above parent or legal guardian cannot be reached, in case of emergency contact:

Name

Phone number

Please note if child has an allergy or is allergic to any medication.

NOTE: This form is to be kept by the Club and taken to all practices/games, so that it is available if necessary.