Definitive Emergency Medical Care Consent

I, the undersigned parent of	, do hereby
consent to have prompt definitive emergency medical of member of my family in my absence, in so doing; I rele individuals from responsibility for medical service performance and/or its Club hockey members and represessibility for subsequent consequences occurring the child's doctor.	ase the administering facility and/or rmed. The Midstates Club Hockey sentatives are hereby absolved from
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	d, in case of emergency contact:
Name	Phone number
Please not if child has an allergy or is allergic to an	y medication.
NOTE: This form is to be kept by the Club and taken to all practices/games. so that it is	

available if necessary.