

KBMF Medical Treatment Authorization

Participants Name _____ Date _____

Home Address _____

Date of Birth _____ Gender: (circle) Male Female

Medical Information

Hospital Preference: _____

Medical Insurance Provider _____ Policy # _____

Please list any known Allergies _____

Please list any known Medical conditions _____

Please list all medication's currently being taken _____

Emergency Contact

Emergency Contact Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to tend, transport and treat the minor. Also, to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical emergency personal.

I hereby understand and acknowledge that neither Killingly-Brooklyn Midget Football Association, Inc., it's coaches, board of directors, nor anyone associated with Killingly-Brooklyn Midget Football will assume any responsibility for accidents and medical and/or dental expenses incurred as a result of participation in any Killingly- Brooklyn Midget Football function.

Parent/ Guardian Signature _____ Phone # _____

Printed Name _____ Relationship to Minor _____