

CAROLINA RAIDERS YOUTH FOOTBALL ORGANIZATION

First Aid & Medical Emergency Care Consent Form

Child's Name: _____ Date of Birth: _____

I authorize the volunteer staff of the Carolina Raiders Youth Football organization to provide basic first aid to my child when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the volunteer staff of the organization and/or EMS to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

Child's Physician's Name/Clinic: _____

Address: _____ Telephone: _____

Allergies: _____ Chronic Health Condition: _____

Does your child require medical devices during practice or games? Yes/No

If yes, please ensure that our Team Support Staff has this at check-in

Emergency Contacts (To be contacted)

First to be contacted

Parent/Guardian: _____ Phone: _____

Relationship to child: _____

Second to be contacted

Parent/Guardian: _____ Phone: _____

Relationship to child: _____

Other contacts: Name: _____ Address: _____

Relationship to child: _____ Telephone: _____

Do you give permission for child to be released to this person: Yes____ No____

Health Insurer: _____ Policy #: _____

Parent's/Guardian's Signature: _____ Date: _____