

East Valley Eagles RFC

EMERGENCY CONTACT

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A MINOR

PLEASE PRINT

ATHLETES NAME _____ AGE _____ SEX _____

ADDRESS _____

CITY AND ZIP _____

PHONE _____ SCHOOL _____ GRADE _____

List two persons to contact in case of Emergency:

PARENT/GUARDIAN _____

ADDRESS _____

CITY AND ZIP _____

HOME PHONE _____ WORK PHONE _____

SECOND CONTACT _____

ADDRESS _____

CITY AND ZIP _____

HOME PHONE _____ WORK PHONE _____

Important Information

INSURANCE COMPANY _____ POLICY NUMBER _____

PHYSICIAN'S NAME _____ PHONE _____

ARE YOU ALLERGIC TO ANY DRUGS? _____ IF SO, WHAT? _____

ALLERGIES, IF ANY? (i.e., bee sting, dust) _____

DO YOU SUFFER FROM ASTHMA? _____ DIABETES? _____ EPILEPSY? _____

ARE YOU ON MEDICATION? _____ IF SO WHAT? _____

HAVE YOU HAD ANY CONCUSSIONS? _____ IF SO WHEN? _____

PREVIOUS INJURIES? _____ IF SO, PLEASE LIST INJURIES AND WHEN? _____

I, _____ (parent or guardian) residing in the city of _____

county of _____, Arizona, do hereby state that I am the natural parent or legal guardian having custody of

_____, a minor, age _____, born _____, 19____.

In connection with my child's participation in rugby, I authorize any accompanying adult bringing my child to your treatment facility to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or specific supervision, and on the advice of any physician or surgeon who is licensed to practice when the need for such treatment is immediate and when efforts to contact me are unsuccessful.

I understand that I assume all liabilities and expenses for the above. I waive all claims against the above referred to adult, physicians, hospitals, and their employees, ambulatory care, etc. In connection with the decisions for such immediate care.

SIGNED _____ DATE _____

PARENT or GUARDIAN

SIGNED _____ DATE _____

ATHLETE

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