



MISSOURI ELITE SPORTS CLUB

EMERGENCY MEDICAL CONSENT FORM

Missouri Elite Sports Club has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

My insurance provider is _____

My child's medical record or card number is: _____

Preferred hospital/treatment center _____

My child is taking the following medications (please include dosage)

My child has the following allergies:

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in our care.

Signature of Parent or Guardian, Date _____

Member Ozark District • Amateur Athletic Union • USA Track & Field
Missouri Elite Sports Club is an IRS 501 c (3) non-profit all volunteer organization

