

INFORMED CONSENT FORM

I hereby give my permission for _____ to participate in TACKLE FOOTBALL during the athletic season beginning in August. Further, I authorize the team/league to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent or guardian _____

Address _____ Phone _____

My child and I are aware that participating in TACKLE FOOTBALL is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me.

I understand this informed consent form and agree to its conditions on behalf of my child.

Parent's signature _____ **Date** _____

EMERGENCY INFORMATION

Athlete's name _____ Age _____ SSN _____

Address _____ Phone _____

Family physician _____ Phone _____

List two persons to contact in case of emergency:

Parent or guardian's name _____ Home phone _____

Address _____ Work phone _____

Second person's name _____ Home phone _____

Address _____ Work phone _____

Insurance Co. _____ Policy No. _____

IMPORTANT

Are you allergic to any drugs? _____ If so, what? _____

Do you have any other allergies? (i.e., bee sting, dust) _____

Do you suffer from _____ asthma, _____ diabetes, or _____ epilepsy? (Check any that apply.)

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____

Other: _____

Parent's signature _____ **Date** _____