UNITED YOUTH FOOTBALL AND CHEER

Consent for Emergency Medical Treatment, and Information

ASSOCIATION NAME - Oriole Park Youth Football

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

Participants Name:	Nick Name:	Phone: ( )	
Address:	City:	State:	Zip:
Father's Name:	Hm Phone: ( )	Wk Phone: ( )	Cell: ( )
Address:	City:	State:	Zip:
Employer:	Email:		
Mother's Name:	Hm Phone: ( )	Wk Phone: ( )	Cell: ( )
Address:	City:	State:	Zip:
Employer:	Email:		
Guardian's Name:	Hm Phone: ( )	Wk Phone: ( )	Cell: ( )
Address:	City:	State:	Zip:
Employer:	Email:		

EMERGENCY CONTACTS - MUST HAVE AT LEAST 2 CONTACTS

EMERGENCY CONTACT 1:	**PHONE: ( )**	**Relationship:**
EMERGENCY CONTACT 2:	**PHONE: ( )**	**Relationship:**

MEDICAL INSURANCE - PHYSICIAN - PREFERRED HOSPITAL

Insurance Carrier:	Group:	Group#:	
Policy Holder Name:	Policy #:		
Physician's Name:	City:	State:	Zip:
Office Phone: ( )	Office Fax: ( )	Cell: ( )	
Hospital 1:	**Hospital 2:**		

Please List Any Medical Conditions (Allergies, Asthma, Etc.) And Medications Being Taken By the Participant Named Above. Please List Any Other Information You May Deem Relevant, And Helpful To Emergency Medical Personnel: (Please Note If No Information Is Given And The Words "None" Or "N/A" Is Not Filled In Then, "None" Will Be Assumed.

Allergies:
Medical Conditions:
Other:

The Participant named above has my permission to participate in any and all Oriole Park Youth Football and Cheer and United Youth Football and Cheer program(s) sanctioned event(s), be they official or unofficial, including but not limited to, athletic, social and/or fundraising activities. I further hereby authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any licensed physician to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of best judgment.

***Print Parent/Legal Guardian Name**	***Signature Parent/Legal Guardian**	***Date**