

Spartan Youth Football Association

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent / legal guardian of _____
(Player name)

I, hereby, give my consent for emergency medical or dental care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Legal Guardian *Phone* *Date*

Name of responsible person to be contacted in the event that you cannot be reached:

Name *Phone*

Relationship to Player: _____

Player Information: Height: _____ Weight: _____

Does the player use an inhaler or epi-pen? _____

If yes, please supply one to the head coach to keep in the medical bag for all practices and games. Label with your child's name and grade. They will be returned at the end of the season.

Medical concerns and/or allergies? _____

Current medications? _____

Has the player ever had a concussion? _____, If yes, how many? _____

Has the player ever experienced concussion symptoms? _____ Did you report them? _____

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____