

## Emergency Contact Medical Information and Permission Form 2015

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Child's Name	Date of Birth	Sex
_____		
Parent's/Guardian's Name	Parent's/Guardian's Name	
_____		
Home Phone	Mobile Phone	Home Phone      Mobile Phone
_____		
Address	Address	
_____		
City, State ZIP Code	City, State ZIP Code	

### Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact	Secondary Emergency Contact		
_____		_____	
Home Phone	Mobile Phone	Home Phone	Mobile Phone
_____		_____	
Address	Address		
_____		_____	
City, State ZIP Code	City, State ZIP Code		

### Medical Information

\_\_\_\_\_

Hospital/Clinic Preference

\_\_\_\_\_

Physician's Name	Phone Number
_____	_____
Insurance Company	Policy Number
_____	_____

\_\_\_\_\_

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature / PRINT NAME to SIGN	Date
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I give permission for my child to go on tournament trips and team outings. I release Carolina CHAOS and individuals from liability in case of an accident during activities related to Carolina CHAOS, as long as normal safety procedures have been taken.

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Parent's/Guardian's Signature / PRINT NAME to SIGN	Date
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Witness Signature / PRINT NAME to SIGN	Date
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