

Emergency Contact Medical Information and Permission Form 2015

_____		M F
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.

_____	_____
Parent's/Guardian's Signature	Date

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.

_____	_____
Parent's/Guardian's Signature	Date

_____	_____
Witness Signature	Date