

WJFL
Emergency Medical Information
LIONS

Team

Player: _____
 Last First Middle

Birthdate: _____

Address: _____

_____ City State Zip

Parent(s) / Guardian(s) with whom player is living:

(circle) Father - Mother - Guardian

Name: _____
 Last First Middle

()

Home Phone

()

Cell Phone

(circle) Father - Mother - Guardian

Name: _____
 Last First Middle

()

Home Phone

()

Cell Phone

Dependable relatives or neighbors to call in an emergency:

1) _____ () ()
Name Relationship Home Phone Cell Phone

2) _____ () ()
Name Relationship Home Phone Cell Phone

List of known medical problems:

Physician: _____
 Name

()

Phone

Dentist: _____
 Name

()

Phone

Hospital: _____
 Name

()

Phone

I hereby acknowledge that I have received and reviewed the Parent / Athlete Concussion Information Sheet concerning the definition, diagnosis, treatment, and return to play guidelines therein.

Parent / Guardian Signature

Date

Print Name

Parents / Guardians are asked to fill out and sign Part 1 or Part 2

Part 1: Grant To Consent

I hereby give consent for the medical care providers and local hospital listed on the front of this form to be called. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by those doctors, or, in the event the designated preferred practitioner is not available, by any other licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and physical impairments to which a physician should be alerted:

Parent / Guardian Signature

Date

Part 2: Refusal To Consent

I DO NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the team authorities to take the following action.

Parent / Guardian Signature

Date