

# NYSCSH CONSENT TO TREAT

This is to certify that on this date, I \_\_\_\_\_ as parent or guardian of \_\_\_\_\_ (athlete participant), or for myself as an adult participant, give my consent to AAU Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in AAU Hockey sanctioned events.

If said athlete is covered by any insurance company, please complete the following:

Insurance Company \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian/Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL		
<b>EMERGENCY CONTACT</b>		
Name: _____	Phone: _____	
Address: _____		
Physician's Name: _____	Phone: _____	
Hospital of Choice: _____		
<b>MEDICAL HISTORY</b>		
If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.		
<input type="checkbox"/> Head Injury <i>(concussion, skull fracture)</i>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies _____
<input type="checkbox"/> Fainting spells	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Convulsions/epilepsy	<input type="checkbox"/> Kidney problems	<input type="checkbox"/> Other _____
<input type="checkbox"/> Neck or back injury	<input type="checkbox"/> Hernia	_____
	<input type="checkbox"/> Heart murmur	_____
<b>Have you had (or do you currently have) any of the following?</b>		
Have you had a recent tetanus booster? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when? _____		
Are you currently taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please list all medications on back.		
Has a doctor placed any restrictions on your activity? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain on back.		

For more information or insurance claim forms, go to [aausports.org](http://aausports.org)