

BOLD BASKETBALL BOOSTERS

MEDICAL TREATMENT CONSENT FORM

*This form must be completed in its entirety and submitted to the team coach before a player will be allowed to practice or play!

Player name: _____

Address: _____

City: _____

Phone Number: _____

Date of Birth: _____

Age: _____ Gender: _____

Parent/Guardian Names: _____

Medical conditions or concerns for coaches (include any medications the coaches need to be aware of):

CONSENT FOR TREATMENT

I (Parent/Guardian) _____

Do hereby authorize the coaching staff to proceed with obtaining whatever source of medical treatment they deem appropriate at the time of the incident.

Signature (Parent/Guardian)

Date