



**HEALTH AND MEDICAL
EMERGENCY CONTACT & CONSENT FORM
2017-2018**

Athlete Name: _____ DOB: _____

MALE

FEMALE

Parent/Guardian Name: _____

Phone#: _____

Parent/Guardian Name: _____

Phone#: _____

Address: _____

Emergency Contact Person (In the event a parent/guardian cannot be contacted)

1. Name: _____

Phone#: _____ Relationship: _____

2. Name: _____

Phone#: _____ Relationship: _____

Health Concerns: _____

Medication(s): _____

Instructions: _____

Allergy to Medications: _____

Any FOOD Allergies: _____



Health Insurance Information:

Insurance Company: _____

Policy#: _____ Phone#: _____

Account Holder: _____ Relationship: _____

Date of Last Physical: _____

Physician Name & Phone#: _____

By signing below, I hereby authorize the Camden Clock Chasers Track Club to administer *First Aid & CPR* and/or Transport my athlete to the hospital, in the event of an emergency in my absence:

Authorizing Parent/Guardian Signature: _____

Date: _____

NOTE: THIS FORM MUST BE COMPLETED AND RETURNED ALONG WITH THE REGISTRATION FORM TO THE ADMINISTRATIVE STAFF BEFORE YOUR ATHLETE(S) CAN PARTICIPATE WITH Camden Clock Chasers.