

# Team Summit

## 2008/09 Medical Information Form and Permission to Treat

Athlete's Name: \_\_\_\_\_

### Medical Information

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Describe any medical condition(s) or special medications that Team Summit should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

### Permission to Treat

Since injuries do occasionally occur in athletics, Team Summit needs your permission to treat your

child in an emergency situation. Please fill in and sign the form below.

You have my consent to treat \_\_\_\_\_ in an emergency medical situation.

\_\_\_\_\_  
[Parent signature] [Date] [Parent signature] [Date]

\_\_\_\_\_  
[Printed name] [Printed name]

### Insurance Information

Medical Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_