

PLAYERS NAME \_\_\_\_\_  
PLAYERS DATE OF BIRTH \_\_\_\_\_

AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL-BEING OF MY DEPENDENT.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_  
DATE \_\_\_\_\_  
ALLERGIES TO MEDICATION \_\_\_\_\_  
DOCTOR \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_

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