



Parent Consent for Emergency Treatment

In the event I/we, _____, cannot be reached in an emergency, I/we give permission by written consent to have my/our child, _____, treated by ambulance and/or emergency medical services personnel in the event he/she requires prompt emergency medical treatment during a JFLOCI sanctioned activity. I/we hereby give permission to physicians selected by the JFLOCI to hospitalize, treat, administer injections and/or anesthesia and/or surgery for the child.

SIGNATURE OF MOTHER (Legal Guardian) _____

SIGNATURE OF FATHER (Legal Guardian) _____

IMPORTANT INFORMATION:

Please list any health conditions/problems that might be significant to a physician evaluating your child in case of an emergency:

Has the child been prescribed an inhaler or EpiPen? _____

Is the student taking any medication? _____ If so, what type? _____

Does the student wear contact lenses? _____ Date of last tetanus shot: _____

List any allergies (including medications): _____

Father's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Child's Birthdate: ____/____/____

Family Physician's Name: _____ City: _____

Present Insurance Carrier: _____