

EMERGENCY INFORMATION AND CONSENT TO TREAT

If an athlete is under 18 years of age, the parent/guardian must complete and return, with the entry form, the following information for his/her child to be treated in case of emergency during the California Cup.

Last Name: _____ First Name: _____
Home Phone: _____ Athletes age: _____
Father/Guardian Name: _____ Wk Phone: _____
Mother/Guardian Name: _____ Wk Phone: _____
Family Doctor's Name: _____ Phone: _____
Insurance Co.: _____ Policy/Group #: _____

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the sole responsibility of the participant(s) parent(s) guardian(s).

Signature of Parent/Guardian: _____

MEDICAL INFORMATION

(Please circle Yes or No and explain each Yes answer)

My child:

YES NO Has a history of seizures or fainting: _____

YES NO Is diabetic and takes insulin: _____

YES NO Is subject to specific allergy? If yes, explain type and medications: _____

YES NO Has a medical condition which may affect participation: _____

YES NO Is currently taking prescribed medications: _____
