

Mindset Athletics

Emergency Information, Medical Treatment & Consent

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

Athlete Information

Athlete's Name: _____ Home Phone: _____

Address: _____

Parent/Guardian Information

Father's Name: _____ Work Phone: _____

Address: _____

Employer: _____

Mother's Name: _____ Work Phone: _____

Address: _____

Employer: _____

Legal Guardian's Name: _____ Work Phone: _____

Address: _____

Employer: _____

Family Medical Insurance:

Carrier: _____ Group: _____

Policy #: _____ Group#: _____

Policy Holder Name: _____

Family Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____

Emergency Medical Information:

Emergency Contact: _____ Phone: _____ Relationship: _____

Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel:

Allergies (list):

Serious medical conditions (list):

I Hereby my signature grant permission for my child/ward to participate in any and all, MINDSET ATHLETICS sanctioned event(s), be they official or unofficial, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia, or perform surgery. I understand that this authorization is given prior to any need for medical care but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

This consent includes first aid and transportation to/from health care providers.

Parent/Legal Guardian

Parent/Legal Guardian signature

Date