

### Emergency Contact Information

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

In case of an emergency contact the following:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Medical Consent

The RCTCM coach presenting this form has my consent to seek and authorize medical treatment for my child if it is deemed necessary.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Current physical conditions medical personnel should be aware of: \_\_\_\_\_

\_\_\_\_\_

Medications student is allergic to: \_\_\_\_\_

Student's regular physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy# \_\_\_\_\_

Other pertinent information \_\_\_\_\_

\_\_\_\_\_