

## Consent for Treatment

*Each player must have a parent/guardian fill out to play.*

Parents will be notified in case of serious illness or injury as quickly as they can be reached. Consent for Treatment form will make immediate treatment possible if necessary.

**In case of accident or illness, I hereby authorize a representative of Bethesda Recreation to use his/her judgment in obtaining immediate Medical Care.**

**Date:** \_\_\_\_\_ **Signature of parent/guardian:** \_\_\_\_\_

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Coach and Team: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell or Work phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Any Medication: \_\_\_\_\_

Any other medical information: \_\_\_\_\_