

The Little Mav Soccer Club

Consent for Medical/Surgical Care/Emergency Treatment and Medical Information

I (we) the undersigned parent(s), or legal guardians of _____ hereby give my (our) consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my (our) dependent.

Signature of Parent/Guardian

Date

Parent/Guardian - **Please Print**

Address:

Home Phone

Work Phone

Cell Phone

Medical Information

Allergies: _____

Medications Currently Taking: _____

Date of Last Tetanus Shot: _____

Other Pertinent Medical Information _____

Physician's Name and Phone _____

Insurance Company _____

Policy Number _____ Phone Number _____