

Columbia Interfaith Basketball League

EMERGENCY INFORMATION & CONSENT

(ONE FOR EACH ATHLETE)

Athlete's Name _____ Nickname _____

Address _____

Phone _____ Work Phone _____ Email _____

Father's Name _____

Address _____

Employer _____

Phone _____ Work Phone _____ Email _____

Mother's Name _____

Address _____

Employer _____

Phone _____ Work Phone _____ Email _____

Family Medical Insurance:

Carrier _____ Group _____

Policy# _____ Group# _____

Family Physician's Name _____

Physician's Address _____

Physician's Phone _____ Email _____

Allergies (list): _____

Medical Conditions (list) _____

I/we hereby grant consent to any and all health care providers designated by _____

(organization's name)

to provide my child _____ any necessary medical care as a result of any injury/illness.

(name)

This consent includes First Aid and transportation to/from health care providers.

Date

Guardian's Signature