

CONSENT TO MEDICAL TREATMENT FOR A MINOR

I (we), _____ of _____
(Parent or Legal Guardian) (Address)

do hereby state that I am/we are the natural parent(s)/legal guardian(s) having legal custody of

_____, a minor, aged _____ born on _____ 19_____
(Child's name)

In connection with my/our child participating on the Lakewood Boys Rugby Team, I/we authorize any Lakewood High School Rugby Official, coach or staff member to consent to immediate ambulatory care to be rendered to my/our child by a licensed paramedic, physician or surgeon when the need for such treatment is immediate. I/we further hereby authorize any accompanying adult bringing my/our child to your treatment facility to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care to be rendered to my/our child under the general or special supervision and on the advice of any physician or surgeon who is licensed to practice when the need for such treatment is immediate, and when efforts to contact me/us have been unsuccessful.

I/we understand that I/we assume all liability and expenses for the above. I/we waive all claims against the above mentioned Lakewood High School Boys Rugby Club, its officials, coaches, staff, accompanying adults, physicians, surgeons, hospitals and their employees, paramedics and ambulatory care in connection with the decisions of such immediate care.

To contact me/us call : _____ or _____
(Phone number & area code) (Phone number & area code)

Childs allergies, if any: _____

Medication child is taking, if any: _____

Insurance Company : _____

Policy Number: _____

Name of Policy Holder: _____

A PHOTO COPY OF MY/OUR INSURANCE POLICY OR IDENTIFICATION CARD IS ATTACHED.

(Parent / Legal Guardian 1 [Print])

(Parent / Legal Guardian 2 [Print])

(Parent / Legal Guardian 1 signature)

(Parent / Legal Guardian 2 signature)

Date: _____

Date: _____