



# MARINERS VOLLEYBALL CLUB PARENT/GUARDIAN MEDICAL CONSENT FORM

Athlete Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Experience has shown that in connection with athletic activities and out-of-town travel there are times when illness or accident may occur and immediate medical attention is necessary. This is my permission for the coach in charge, or designates, to make arrangements for qualified medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible in the event of an emergency.

### Medical Information:

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

Care Card Number: \_\_\_\_\_

Does the Youth Have Any Allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No - If YES, please list below:

Food: \_\_\_\_\_ Medicine: \_\_\_\_\_ Other: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_ Yes \_\_\_\_\_ No - If YES, please list:

\_\_\_\_\_  
\_\_\_\_\_

Please list all medication (prescription and non-prescription) that is currently being taken:

\_\_\_\_\_  
\_\_\_\_\_

### Permission to Participate:

I, the undersigned, after having read, understood and completed the above, hereby give my permission for my child/ward to attend and participate in all activities related to my child/wards membership on a MARINERS VOLLEYBALL CLUB Team.

Signed:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_