

EMERGENCY CONTACT and MEDICAL TREATMENT AUTHORIZATION

(PLEASE PRINT)

Name: _____ Sex: M ____ F ____ DOB: ____/____/____

Name: _____ Sex: M ____ F ____ DOB: ____/____/____

Name: _____ Sex: M ____ F ____ DOB: ____/____/____

Father's Name: _____ Mother's Name: _____

Home Address: _____

Home Phone Number: _____ Work No: _____

Cell Number: _____ E-mail: _____

Another Person to Contact: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____ Policy / Group Number: _____

Allergies / Restrictions / Medications of Each Child (Please list separately or write "n/a" if not applicable)

Consent Statement Authorizing Treatment:

I, _____ the undersigned, do hereby authorize Marlboro Track Team of the Marlboro Boys and Girls Club, in Upper Marlboro, MD and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are to _____ and _____.

I am *18 years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

(Signature of Parent or Legal Guardian)

Signature : _____ Date: _____

*Please note that if you are under 18, you must have your parent or legal guardian sign this form