

EMERGENCY MEDICAL TREATMENT

I, _____, grant permission to _____ who is the coach of the St. Charles Borromeo team to seek emergency medical treatment for my (son) (daughter) _____ in the case of an injury sustained while participating with the _____ team.

This permission is valid only during the current _____ season. **Athlete's Grade:** _____

Family Doctor's Name

Parent/Guardian's Signature

Doctor's Telephone Number

Parent/Guardian's Printed Name

Preferred Hospital for Treatment

Parent/Guardian's Address

Medical Insurance Company

Parent/Guardian's Telephone Number

Emergency Contact Name & Number if Parent/Guardian can't be reached

Date

Please complete & turn in both the Medical Release & Consent to Participate forms.