

**WESTONKA YOUTH FOOTBALL EMERGENCY CONTACT INFORMATION AND CONSENT FORM**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

**EMERGENCY CONTACTS (to whom child may be released if guardian is unavailable)**

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

**CHILD'S PREFERRED SOURCES OF MEDICAL CARE**

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION**

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

**PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:**

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to ACT ON MY BEHALF until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

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

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

