

## CONSENT FOR TREATMENT

**Each Player must complete and sign this form**

**Name of Player:** \_\_\_\_\_ **Player's Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**List of any allergies:** \_\_\_\_\_

**Required Medication:** \_\_\_\_\_

**Name of Team:** \_\_\_\_\_

**Team Accident Insurance Company:** \_\_\_\_\_

**Team Accident Insurance Policy No.:** \_\_\_\_\_

**In case of an accident or illness, I hereby authorize a representative of the Holmdel Parks and Recreation Department to use his/her judgment in obtaining immediate Medical Care.**

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
(Parent or Guardian)

**Daytime Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)**