



# Ridge Runners Track Club (RRTC)

## EMERGENCY TREATMENT CONSENT

**Athlete's Last Name** \_\_\_\_\_ **Athlete's First Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Student's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Parent / Guardian's Name \_\_\_\_\_ Home Ph \_\_\_\_\_  
Address \_\_\_\_\_ Cell Ph \_\_\_\_\_  
Father's Employment \_\_\_\_\_ Work Ph \_\_\_\_\_  
Mother's Employment \_\_\_\_\_ Work Ph \_\_\_\_\_

**Medical Contacts:**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Policy Number \_\_\_\_\_ Group \_\_\_\_\_

**If parents cannot be reached in an emergency, please contact:**

Emergency Contact #1: \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_ Phone \_\_\_\_\_

**If any medical conditions and/or allergies exist, please list:**

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

**This form must be signed by the athlete's parent/guardian and returned to the club before the athlete can participate in activities with the RRTC.**

*I give my consent for appropriate first aid and/or medical treatment for any injury or illness that my son/daughter may sustain or acquire while participating in activities with the RRTC. I acknowledge that as a result of athletics participation, he/she may suffer an injury or illness that may put life or limb at risk and that medical treatment on an emergency basis may be necessary. I further recognize that club personnel may be unable to reach me for consent for emergency medical care and I do hereby give my permission in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.*

\_\_\_\_\_  
Parent or Guardian's Signature Date Signed