



Hopewell Youth Association, Inc. Consent For Treatment Form

(Please Print or Type)

All teams are required to have this form for each player. Form must be carried with team manager at all times.

PLAYER NAME _____ Home Phone: _____

PARENTS NAMES _____ Cell Phone1: _____

HOME ADDRESS _____ Cell Phone2: _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

EMAIL ADDRESS 2 _____

FAMILY PHYSICIAN _____ Phone: _____

LIST ANY ALLERGIES _____

REQUIRED MEDICATIONS _____

_____ BLOOD TYPE _____

HOSPITALIZATION INSURANCE _____ POLICY# _____

EMERGENCY PHONE NUMBERS

CONTACT	RELATIONSHIP	DAY#	NIGHT#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

IN CASE OF ILLNESS OR ACCIDENT, I HEREBY AUTHORIZE A REPRESENTATIVE OF HOPEWELL YOUTH ASSOC., INC. TO USE HIS/HER OWN JUDGMENT IN OBTAINING IMMEDIATE MEDICAL CARE IF A PARENT OR LEGAL GUARDIAN CANNOT BE CONTACTED.

PARENT/GUARDIAN'S SIGNATURE

DATE