



# MIDSTATES CLUB HOCKEY ASSOCIATION

www.midstateshockey.org - www.midstateshockeydev.org

@midstateshockey

## **Definitive Emergency Medical Care Consent**

I, the undersigned parent of \_\_\_\_\_, do hereby consent to have prompt definitive emergency medical care administered to the aforementioned member of my family in my absence, in so doing; I release the administering facility and/or individuals from responsibility for medical service performed. The Midstates Club Hockey Association and/or its Club hockey members and representatives are hereby absolved from responsibility for subsequent consequences occurring there from. If necessary contact our child's doctor.

Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Exchange: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

If the above parent or legal guardian cannot be reached, in case of emergency contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

**Please not if child has an allergy or is allergic to any medication.**

**NOTE: This form is to be kept by the Club and taken to all practices/games, so that it is available if necessary.**