

TIPPECANOE SOCCER ASSOCIATION, INC.
Consent for Medical/Surgical Care/Emergency Treatment
And Child's Medical Information

I, the undersigned parent or legal guardian of _____
undersigned parent or legal guardian of a minor, hereby give my consent for emergency
medical care prescribed by a duty licensed Doctor of medicine and/or Doctor of
Dentistry. This care may be given under whatever conditions are necessary to preserve
the life, limb, or well being of the above named dependent.

Signature of Parent / Guardian: _____

Please Print Parent / Guardian Name: _____

Date: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Child's Birth date: _____

Child's Allergies: _____

Date of Last Tetanus Treatment: _____

Medicine(s) Child is currently taking: _____

Name of Family Physician: _____

Phone Number of Family Physician: _____

Other Information: _____

Insurance Company Name: _____

Policy #: _____

Please complete and return to your Child's Coach