



WAIVER AND MEDICAL TREATMENT CONSENT FORM

Participant Name: _____ **Age:** _____

Grade: _____ **Birth Date:** ____/____/____ **Male**____ **Female**____

Parent/Guardian Name: _____ **Phone #** _____

Address: _____ **Email:** _____

Parent/Guardian Name: _____ **Phone #** _____

Address: _____ **Email:** _____

Emergency Contact: _____ **Phone #** _____

HEALTH HISTORY: (mark all that apply)

Allergies: Medications ____ Food ____ Insects ____ Other: _____

Medical Conditions: Asthma ____ Heart condition ____ Diabetes ____

Seizures____ **Headaches/Migraines** ____ **Stomach upset** ____

Other: _____

Current medications: _____

Please give details (i.e., medication directions, treatment for condition, and any special diet restrictions) _____

Tylenol or Ibuprofen for headache, minor pain, or fever? Yes / No

Physician _____ **Phone #** _____

Do you have health insurance? Yes / No

Policy Holder: _____ **Policy #** _____

Name of Insurance: _____

PARENT/GUARDIAN RELEASE

I, the undersigned, certify that I am the parent/legal guardian of the above listed child.

I give my consent for my child to travel to Hayward California on April 5-6, 2019 under the supervision of Vegas Strong Youth Football. I agree to not hold Vegas Strong Youth Football or any of the individual leaders responsible for injuries or loss if any accident may occur.

In case of accident or serious illness, I consent to any necessary medical, surgical, or dental treatment for my minor child. I understand that efforts will be made to contact me prior to treatment. In the event that I cannot be reached, I hereby authorize the Vegas Strong Youth Football staff to secure medical treatment necessary for the welfare of my child. This includes any hospital or physician visit while traveling to or from activities, as well as local emergency needs when activities are on or off the field.

Parent/Guardian Signature: _____

Print Name: _____ **Date:** ____ / ____ / ____