

Homeschool Unified Sports Teams of Lafayette (HUSTL)

Consent for medical/surgical care/emergency treatment and child's medical information

I, the undersigned parent or legal guardian of _____, a minor, hereby give my consent for emergency medical care prescribed by a duly 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: _____

Print parent/guardian name: _____

Date: _____

Address: _____ **City:** _____

State: _____ **Zip code:** _____ **Home phone:** (____) _____

Business or work phone: (____) _____ **Cell phone:** (____) _____

CHILD'S MEDICAL INFORMATION

Child's birthdate: _____ **Date of last tetanus treatment:** _____

Child's allergies: _____

Medicine(s) child is currently taking: _____

Family physician: _____ **Phone:** (____) _____

Other pertinent information: _____

Insurance company: _____ **Policy number:** _____

Permission to administer nonprescription painkillers

I grant permission to team coaches and other authorized personnel to administer nonprescription painkiller, such as Tylenol, to the child listed above at games and practices when such use is deemed appropriate. Furthermore, I absolve said coaches and personnel, and Homeschool Unified Sports Teams of Lafayette, from liability stemming from any and all administration of those nonprescription medications. (Sign and date below)
