

CONSENT FOR MEDICAL-SURGICAL CARE & TREATMENT
PLAYER MAY NOT PARTICIPATE WITHOUT APPROPRIATE SIGNATURES.
PARENTAL WAIVER/RELEASE

Note to all parents and guardians: This form authorizes an emergency facility to provide care and treatment for your child IN YOUR ABSENCE. Please complete all portions, and RETAIN A COPY to provide to baby-sitters, relatives, neighbors and anyone who might give care to your child. Your child's caregiver should present it upon arrival at the emergency facility. The Original will be on file with Quaker Valley Softball and Baseball.

WARNING AND NOTIFICATION OF RISK

Playing, practicing or participating in a sport can be a dangerous activity involving risk of injury. There is no limitation to the nature or severity of the possible injuries in some sports. Some sports injuries can result in serious, permanent impairment or be life threatening. Unfortunately, injury may occur simply due to the nature of the sport without the occurrence of any unusual event and without fault. I have read the above WARNING. I am aware and understand the risks of practicing, participating in and playing sporting activities. I recognize the importance of following the coaches' instructions regarding the activity.

I have read and understand the QVRA Concussion Management Plan Guidelines.

I have read and understand the QVSB Code of Conduct and agree to abide by it.

Signature of Player _____

We/I hereby give consent to Quaker Valley Recreation Association and its operating committee, Quaker Valley Softball and Baseball, who will be caring for our/my child during the season to arrange for routine or emergency diagnostic procedures and treatment of our/my child. We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with the care and treatment rendered during this period.

Date Signature of Parent/Guardian Signature of Parent/Guardian

(PLEASE PRINT)

Player's Health History:

Allergies: _____

Medications (dosage & frequency): _____

Last tetanus or DPT immunization: _____

Current or chronic illnesses: _____

Pediatrician/family physician: _____

Pediatrician/family physician Phone: _____

Additional Information:

Player/Parent/Guardian Address: _____

Parent/Guardian Phone: _____

Player's Birth Date: _____

Health Insurance Carrier: _____ Group#: _____

Address: _____ Agreement#: _____

Employer: _____ Member ID#: _____

Employer Address: _____