



Texas Intercity Football, Inc.

Booster Club: _____

HEALTH RECORD AND CONSENT TO TREAT

TEAM: Freshman Sophomore Junior Senior Drill Team Mini Cheer

Child's Name: _____ DOB: _____

Parents/Legal Guardian(s): _____ Phone: _____

Address: _____ City: _____ ZIP: _____

IN CASE OF EMERGENCY, NOTIFY:

Parent (or Designee): _____ Relationship: _____

Other Emergency Name: _____ Phone: _____

IMPORTANT: In absence of a parent, the following persons have my written and notarized permission to act on my behalf: _____

INSURANCE INFORMATION:

Family Health Insurance Company: _____ Policy #: _____

Insurance Company Address (City, State): _____

Employer of the Insured: _____ Phone: _____

Does this insurance cover this child during participation in this program? Yes No

This above named child is also covered by an "excess" policy through Texas Intercity Football, Inc. In the event of action requiring TIFI insurance, please contact your Booster Club for directions.

HEALTH HISTORY OF CHILD NAMED ABOVE:

Does child have, or is child subject to, any of the following? (Check all that apply)

Asthma Diabetes Fainting Spells Heart Trouble Sports Restrictions Allergy Convulsions

Other _____

Reaction/Allergy to Medication (specify): _____

Any RESTRICTION OF ACTIVITY FOR MEDICAL REASONS? Yes No

Explain: _____

CONSENT TO TREAT:

The information given above is correct to the best of my knowledge. In the event of any emergency and I cannot be reached, I hereby give permission to licensed, competent medical authorities to administer medical treatment to my child, named above.

(Signed by Parent/Legal Guardian) _____ Date: _____