



Plymouth Canton Steelers

MEDICAL TREATMENT CONSENT

I, _____, the parent(s) or guardian(s) of _____ recognize that as a result of the athletic participation, medical treatment on an emergency basis may be necessary and further recognize that Steelers personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

Signature of Parent or Guardian

Date

Physician: _____

Physician Phone: _____

Insurance Provider: _____

Policy #: _____