

## MEDICAL CARE FORM 2018

Name of Player \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security no. \_\_\_\_\_ Parent(s) or Guardian: \_\_\_\_\_

### Parent of Guardian Permission:

My son/daughter has permission to attend and participate in the Kent Hockey Schools at Kent State University. As a parent or guardian, I authorize the Camp Staff, in the event of injury or illness, to administer emergency care and to arrange for any emergency medical transportation to the nearest Health Care Facility deemed appropriate. I understand that every effort will be made to contact the parent or guardian prior to any involved treatment.

I grant permission to a qualified physician and other medical personnel to furnish medical care, using the above guidelines, while my son/daughter is attending the Kent Hockey Schools at Kent State University.

As a parent or guardian, I also agree that I or my insurance carrier will bear the financial responsibility for any medical treatments administered under the above guidelines.

Name of Insurance Company	Policy number	Phone Number
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Address	City	State	Zip
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Name of Insured: \_\_\_\_\_

Check if your son/daughter has: ☐ Heart Trouble ☐ Diabetes ☐ Epilepsy ☐ Other

Known Allergies: \_\_\_\_\_

Is your son/daughter taking medicine under a physicians directions? Yes No

If yes, list medication \_\_\_\_\_

Please give detailed information if you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any of the camp activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian Date:

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Additional Phone Numbers: \_\_\_\_\_

**Emergency Contact if no answer at above numbers:**

Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship: \_\_\_\_\_

**PLEASE BE SURE TO FILL OUT THE HOLD HARMLESS AGREEMENT**