

Consent to Treat – Medical History

Golden Skate Hockey League

THIS FORM MUST BE SIGNED & RETURNED! PLEASE PRINT CLEARLY!

LAST NAME

MIDDLE NAME

FIRST NAME

BIRTHDATE

Consent to Treat

This is to certify that on this date _____, I _____, as parent or guardian of _____, give my consent to: **Golden Skate Hockey League** and its representative(s) to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in the events pertaining to said league.

If said athlete is covered by any insurance company, please complete the following:

Name of Insurance Company: _____
Address: _____
Policy Number: _____
Relationship to Athlete: _____

Medical History Form

Athletes Full Name: _____ Birthdate: _____
Home Address: _____
City: _____ State: _____ Zip: _____

Who to Contact in Case of Emergency?

Name(s): _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Home Phone: _____ Cell Phone: _____

Medical Information

Physician Name: _____ Phone: _____
Hospital of Choice: _____ City: _____
Dentist Name: _____ Phone: _____

Please Complete the Following:

If the answer to any of the following question is or was yes, please describe the problem and its implications for the proper first aid treatment on the back side of this sheet. All medical information will be kept completely confidential.

Have you had (or do you presently have) any of the following?	Circle One
Head Injury (concussion, skull fracture)	Yes No
Fainting Spells	Yes No
Convulsions or Epilepsy	Yes No
Neck or Back Injury	Yes No
Asthma or High Blood Pressure	Yes No
High Blood Pressure or Kidney Problems	Yes No
Hernia or Diabetes	Yes No
Heart Murmur	Yes No
Allergies of any kind	Yes No
Please specify: _____	
Injuries to:	
Shoulder or Arm	Yes No
Knee, Leg or Ankle	Yes No
Hand, Foot, Fingers or Toes	Yes No
Other: _____	

Have you had a recent tetanus booster? Yes No If so, when? _____
Are you currently taking any medications? Yes No What? Why? _____

Signed: _____ Date: _____
Signed: _____ Date: _____

