

Mountaineer Youth Football  
Conference



**MEDICAL TREATMENT PERMISSION FORM**  
(PLEASE PRINT ALL INFORMATION)

In the event of an emergency occurring while my son/daughter is on a team sponsored practice, performance or trip, I grant my permission to the coach and/or his/her associates to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the coach, and/or his/her associates to give my consent for my son/daughter, \_\_\_\_\_ to receive medical treatment.

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to be notified other than parent or guardian in an emergency:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

If you do not grant permission of authorization for consent to medical treatment, what procedure should be followed?: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information: Circle one

Heart Condition or diseases	Yes	No	Asthma	Yes	No
Diabetes	Yes	No	Allergic to medication	Yes	No
Convulsions disorder	Yes	No	Allergic to insect stings	Yes	No

State allergies: \_\_\_\_\_

Date of last tetanus Shot: \_\_\_\_\_

Additional medical information that may be helpful: \_\_\_\_\_

Any medications currently receiving: \_\_\_\_\_