

## Sherwood Basketball Organization Consent for Medical Care

Date: \_\_\_\_\_

As the parent or legal guardian of \_\_\_\_\_, I hereby give my consent for any emergency treatment as approved by the team manager or other adult escort, in case of illness or injury while participating in all levels of practice, travel, league, or tournament play, during the Sherwood Basketball Organization season. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print your name

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

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Mobile Phone

**PLAYERS SHOULD BE COVERED UNDER A PRIMARY INSURANCE POLICY.**

League coverage is secondary coverage, unless there is no primary insurance coverage.

\_\_\_\_\_  
Name of insurance company

\_\_\_\_\_  
Group or I.D. Number

**Note:**

Parents will be notified in case of serious illness or injury as quickly as they can be reached. The intent of this consent is to facilitate prompt treatment. In the event we are unable to reach a parent/guardian indicated above, please contact the following.

\_\_\_\_\_  
Print Name / Relationship

\_\_\_\_\_  
Home Phone / Work Phone

\_\_\_\_\_  
Print Name / Relationship

\_\_\_\_\_  
Home Phone/ Work Phone

If your child suffers from any health conditions, allergies, diabetes, etc. Of which the knowledge by his/her team manager may be beneficial to the child's welfare, please describe the condition or symptoms and any special instructions in the space below. Use the back of this form if necessary.

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