

# **Battle at Valley Forge Invitational: January 11th, 2014**

## Parent/Guardian Consent Form and Health Information

**School Name:**

**Student Name:**

I, the undersigned, individually, and as parent(s) and guardian(s) of the child, named above, do grant permission for he/she to attend and participate in the Battle at Valley Forge Invitational at Conestoga High School on January 11, 2014. In consideration of such participation, I do hereby release, discharge, and hold harmless Conestoga High School, its officers, employees, and volunteers of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the Battle at Valley Forge Invitational Tournament or in the course of competition and/or activities held in connection with the Battle at Valley Forge Invitational Tournament. I hereby authorize the staff of Conestoga High School and Paoli Hospital to provide care that includes routine diagnostic procedures (i.e. x-rays) and medical treatment as necessary to my minor son/daughter. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the Battle at Valley Forge Invitational Tournament. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for the staff at Conestoga High School and Paoli Hospital to perform any necessary emergency treatment. As long as the medical or surgical treatment is in accordance with generally accepted medical practices and standards for the particular injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow (if none, state so):

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I understand that I am responsible for the cost of treatment. I authorize my insurance company to pay benefits directly to the health care providers. Also, I authorize the disclosure of medical information to the insurance company for the purpose of submitting a claim.

This authorization is effective for January 11, 2014.

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**Signature of Parent or Legal Guardian**

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**Date**

## Medical and Insurance Information

Name of Student: Last Name: \_\_\_\_\_

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

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

Gender of Student: Male Female

Student's Address: \_\_\_\_\_

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

Student's Home Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Student's Birth Date (mm/dd/yyyy): \_\_\_\_\_

Student's age: \_\_\_\_\_

Mother/Guardian's Last Name: \_\_\_\_\_

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

Mother/Guardian's Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Father/Guardian's Last Name: \_\_\_\_\_

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

Father/Guardian's Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Current Health Conditions: \_\_\_\_\_

Current Medication: \_\_\_\_\_

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

Other: \_\_\_\_\_

Date of most recent tetanus immunization (if more than ten years ago, a booster shot is recommended)

(mm/dd/yyyy): \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Policyholder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**This form will not be turned it to the tournament organizers, but must be kept with the coach at all times.**