



## ANDOVER TRAVELING BOY'S BASKETBALL ASSOCIATION (ATBB) MEDICAL CONSENT FORM

I (we) \_\_\_\_\_, parents of \_\_\_\_\_  
Parents/Guardian Name Players Name  
hereby give permission to \_\_\_\_\_ to seek immediate medical  
Coach's Name  
treatment in the event of any serious or life threatening injury, accident, or illness while under  
their supervision during the 2011-2012 basketball season.

### EMERGENCY INFORMATION

Emergency Contact Name		Phone #	
Emergency Contact Name		Phone #	
Physicians Name/Clinic			
Medical Insurance Company		Policy #	
Policy Holder Name		Group #	
Dentist Name/Clinic			
Dental Insurance Company		Policy #	

**Please list any medical problems or limitations that the player may have—include also any allergies, history of asthma, or medications they are currently taking:**


**The Andover Traveling Boys Basketball Association does not carry medical, dental, health of liability insurance. Athletic activities do involve risk of accidents and bodily injury and as a parent/legal guardian of a participant in the ATBB program, I hereby give my consent for emergency medical care.**

--

Parent/Guardian Signature

Date