

# Consent To Treat

This is to certify that on this date, I \_\_\_\_\_, as the parent or guardian of \_\_\_\_\_, (athlete participant), give my consent to Amateur Athletic Union (AAU) and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation within AAU Union sanctioned hockey events.

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

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

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

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

## EMERGENCY CONTACT

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

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

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

## MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

### Has the participant had (or currently have) any of the following?

A recent tetanus booster?  Yes  No If yes, when? \_\_\_\_\_

Currently taking any medications?  Yes  No If yes, please list all medications on back.

Has a doctor placed any restrictions on his/her activity?  Yes  No If yes, please explain on back.

### Optional MEDICAL HISTORY Information

- |  |  |
|--|--|
| <input type="checkbox"/> Head Injury ( <i>concussion, skull fracture</i> ) | <input type="checkbox"/> Kidney problems |
| <input type="checkbox"/> Fainting spells                                   | <input type="checkbox"/> Hernia          |
| <input type="checkbox"/> Convulsions/epilepsy                              | <input type="checkbox"/> Heart murmur    |
| <input type="checkbox"/> Neck or back injury                               | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> High blood pressure                               | <input type="checkbox"/> Other _____     |

For more information or insurance claim forms, go to [aausports.org](http://aausports.org)