

**Burlington Junior Soccer Association**  
**Emergency Medical Treatment Consent Form**



**Player Information**

Team: Boys  Girls  Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Player Name: \_\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Other Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Medical Conditions / Allergies / Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Physician Information:**

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Physician Address: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Emergency Contact Other Than Parent/Guardian:**

Name: \_\_\_\_\_ Relation to Player: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent:**

I, \_\_\_\_\_ the undersigned parent/guardian of the above player hereby grant my consent, in the event of injury or sickness, to the emergency medical diagnosis and treatment of my child deemed necessary by the attending physician or other attending licensed qualified medical professional.

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