

Emergency Care Permission Form



Athlete's Name: _____

As parent or guardian of the above named athlete, or on behalf of myself if I am an athlete at least 18 years of age, I hereby authorize the staff and Coaches of the Orlando Road Club to provide care, including authority for medical transportation, in the event of injury or illness. I also authorize qualified medical personnel to provide emergency medical care in the event of an emergency.

Parent/Guardian: _____
(If the athlete is at least 18 years old, insert "N/A" on this line).

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Daytime Phone: _____ **Evening Phone:** _____ **Cell Phone:** _____

Other authorized person to contact in an emergency: _____

Cell Phone: _____ **Relationship:** _____

Family Doctor: _____

Health Insurance Company: _____ **Name of Insured:** _____

Policy Number: _____

Signed: _____

Dated: _____

