

**USA HOCKEY
CONSENT TO TREAT/MEDICAL INFORMATION FORM**

This is to certify that on this date, I _____ as parent or guardian of _____ give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in USA Hockey sanctioned events.

If athlete listed above is covered by any insurance company, please complete the following:

Name of Carrier: _____ Policy Number: _____

Address: _____

Signed: _____ Relationship to Athlete: _____

(parent/guardian)

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered youth category team participants, including girls' and boys' midget and high school teams. For further details call SPB Insurance at 1-800-486-6880.

Player Name: _____ Date: _____

Address: _____ Birthdate: _____

Daytime Phone: _____ Evening Phone: _____

WHO TO CONTACT IN CASE OF EMERGENCY?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Physicians' Name: _____

Daytime Phone: _____ Evening Phone: _____

Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on the back of this form. Have you had (or do you presently have) any of the following?

Head injury (concussion, skull fracture)	yes / no	Injuries to:	
Convulsions/epilepsy	yes / no	Shoulder	yes / no
Neck or back injury	yes / no	Knee	yes / no
Asthma	yes / no	Ankle	yes / no
High blood pressure	yes / no	Fingers	yes / no
Kidney problems	yes / no	Arm	yes / no
Hernia	yes / no	Other: _____	yes / no
Diabetes	yes / no		
Heart murmur	yes / no	Impaired vision	yes / no
Allergies, specify: _____	yes / no	Impaired hearing	yes / no
		Other: _____	

Have you had a recent tetanus booster? _____ If so, when? _____

Are you currently taking any medications? _____ What? Why? _____

Has the doctor placed any restrictions on your activity? yes / no Please explain. _____

Signed _____ Date _____
(Athlete)

Signed _____ Date _____
(Parent/Guardian)