

**- Farmington Rockets -  
MEDICAL TREATMENT CONSENT**

(To be completed and signed by parents/legal guardian of participant)

I, \_\_\_\_\_, the parents/legal guardian of \_\_\_\_\_ recognize  
(print – parent’s/legal guardian’s name) (print – child’s name)

that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that Farmington Rockets personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances. I also understand and agree that any expenses involving the care or medical treatment of my child including but not limited to hospital and ambulance service will be upon my own expense whether it is covered by my insurance or not.

\_\_\_\_\_  
Parent’s/Legal Guardian’s Signature Date

Allergies: \_\_\_\_\_

Special Medical Condition/Needs: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_ Physician’s Phone: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

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