

Franklin Park Speed Skating Club
Consent for Medical/Surgical Care/Emergency Treatment

In presenting my son/daughter for diagnosis and treatment:

Name: _____ for _____
(relationship: mother/father/legal guardian/self (18+ years) (son/daughter/self :18+ years)

of _____ years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical, and medical treatments, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition. I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to Franklin Park Speed Skating Club for the 2011/2012 season to arrange for

_____ (name of child, or self, if older than 18 years of age), routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child or myself.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Address: _____
Telephone/Cell no.'s: _____

Health Insurance Carrier Name: _____
Group #/Policy #: _____

Family Physician Name/Phone #: _____
Pediatrician Name/Phone #: _____

Allergies, if any: _____

Medications child is taking, if any: _____

Other pertinent information, if any: _____

Signature: _____ Date: _____
(relationship: mother/father/legal guardian or self, if 18 years or older)

Signature: _____ Date: _____
(relationship: mother/father/legal guardian or self, if 18 years or older)