

FCA Cross Country Emergency Consent Form

Consent For Treatment and Grant of In Loco Parentis Status

Athlete's Name: _____ Home Phone: _____
Father's Work Phone: _____ Mother's Work Phone: _____
Father's Cell Phone: _____ Mother's Cell Phone: _____
Home Address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Emergency Contact: _____ Phone: _____
Family Physician: _____ Phone: _____

List all known pre-existing conditions, prior injuries or congenital problems:

List all known allergies:

Medication(s) currently taken:

Wears contacts: Yes No (circle one)

Insurance Provider: _____ Policy Number: _____

Name of Primary Insured: _____

I give my consent for emergency medical attention to be administered to my child prior to my being contacted or arrival.

Parent/Guardian Signature: _____ Date: _____

NOTE: Parents will be notified in case of a serious injury or illness as quickly as they can be reached, but this form will make immediate treatment possible.