TBCA ATHLETICS CONSENT TO TREAT FORM

This form is to be filled out completely before a student can participate in any school athletic programs.

Student's Name: _____ DOB: _____ Male / Female

Address of Student: _____ ; _____ , NC

Parent/GuardianName(s): _____

Parent/Guardian Primary Phone (#1) _____ H/W/C Relationship: _____

Parent/Guardian Primary Phone (#2) _____ H/W/C Relationship: _____

Other Emergency Contact Name(s): _____

Other Emergency Contact Primary Phone: _____ H/W/C Relationship: _____

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MEDICAL HISTORY - (to be completed by Parent/Legal Guardian)

Is there any known history of:

A. Allergy (drugs, food, clothing, etc.)? B. Mental disorder or convulsions?
C. Medical conditions currently under treatment? D. Current Medications?

Yes _____ No_____ Yes _____ No_____
Yes _____ No_____ Yes _____ No_____

If you answered yes to any of the above questions, please explain:

_____

_____

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INSURANCE/PHYSICIAN INFORMATION

Health Insurance Company Name: _____

Insurance Policy #: _____

Physician's Name & Office Phone #: _____

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PARENT PERMISSION AGREEMENT

I understand every effort will be made to reach me in case of an emergency. If this is impossible I, _____, the parent/legal guardian of the above-named student authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

Signature of Parent or Legal Guardian: _____ Date: _____