



Greater Sycamore Soccer Association Consent for Medical Treatment:

We, the Parents/Guardians of _____ give permission for emergency medical or dental treatment of our child for illness or accident if we cannot first be contacted. We also assume the responsibility for payment of all treatment.

Parent or Guardian name: _____ Emergency Phone: _____

Alternate person to notify: _____ Emergency Phone: _____

Relationship: _____

Medical Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____ Insurance Carrier: _____

Policy #: _____

Does your child have any allergies that require special medication?: _____

If so, please explain: _____

It is your responsibility to inform the coach of any condition that could affect your child's ability to safely participate in soccer practices or games. Please explain this condition(s):

Parent/Guardian Signature

Date

GSSA Coaches: This form is to remain in your team file for the entire season. It is to be available for all team gatherings.