



Aroostook Huskies Football Club

PO BOX 868, Presque Isle, ME 04769 207-227-9734
aroostookhuskiesfootballclub@gmail.com

Consent to Treat Form

This is to certify that on this date, I, _____,
as the parent or legal guardian of _____,
hereby give my consent to Aroostook Huskies Football Club and its designated
medical representative(s) to obtain medical care from any licensed physician,
hospital, or clinic for the above-named athlete. This consent is granted for any
injury or medical condition that may occur as a result of participation in
Huskies Football-sanctioned events, practices, or games.

Insurance Information (if applicable)

Insurance Company Name: _____

Insurance Company Address: _____

Policy Number: _____

Group Number (if applicable): _____

Relationship to Athlete: _____

Parent/Guardian Contact Information

Home Address: _____

Home Phone Number: _____

Parent/Guardian Signature:

_____ Date: _____