

Aroostook Huskies Football Club Consent To Treat

This is to certify that, on this date, I, _____, as parent or guardian of _____, give my consent to Huskies Football and its medical representative to obtain medical care from any licensed physician, hospital or clinic for the above mentioned athlete for any injury that could occur from participation in Huskies Football sanctioned events and practices.

If said athlete is covered by any insurance company, please complete the following:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Group Number (if any): _____

Relationship to Athlete: _____

Home Address: _____

Home Phone: _____

Date: _____

Witness

Parent/Guardian

