

Texas Intercity Football, Inc. Clear Lake Falcons Booster Club
HEALTH RECORD AND CONSENT TO TREAT

TEAM: Freshman Sophomore Junior Senior Drill Team
Child's Name: _____ DOB: _____
Parents)/Legal Guardian(s): _____ Phone: _____
Address: _____ City: _____ ZIP: _____

IN CASE OF EMERGENCY, NOTIFY:

Parent (or Designee): _____ Relationship: _____
Other Emergency Name: _____ Phone: _____
IMPORTANT: In absence of a parent, the following persons have my written and notarized permission to act on my behalf: _____

INSURANCE INFORMATION:

Family Health Insurance Company: _____ Policy #: _____
Insurance Company Address (City, State): _____
Parents Employer: _____ Phone: _____
Does this insurance cover this child during participation in this program? Yes No.
This above named child is also covered by an "excess" policy through Texas Intercity Football, Inc.
In the event of action requiring TIFI insurance, please contact your Booster Club for directions.

HEALTH HISTORY OF CHILD NAMED ABOVE:

Does child have, or is child subject to, any of the following? (Check)
 Asthma Diabetes Fainting Spells Heart Trouble Sports Restrictions Allergy Convulsions
 Other _____
Reaction to Medication, What? _____
Any RESTRICTION OF ACTIVITY FOR MEDICAL REASONS? Yes No. Explain: _____

CONSENT TO TREAT:

The information given above is correct to the best of my knowledge. In the event of any emergency and I can not be reached, I hereby give permission to licensed, competent medical authorities to administer medical treatment to my child, named above.

(Signed by Parent/Legal Guardian) _____ Date: _____

This signature witnessed by me this _____ day of _____ 20 ____ and bears my seal below:

(Seal)