

Carolina Mustangs

Athlete Medical Information

Medical and Insurance Information

Athlete Name: _____

Medical Conditions: _____

Allergies: _____

Physician or Clinic Name: _____

Physician or Clinic Phone: _____

Do you currently have medical insurance? _____

I do hereby authorize the coaches or other Carolina Mustangs agents permission to seek medical attention for said minor in the event of injury, illness or accident arising from his/her participation in any Carolina Mustangs activity. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable; and neither said coaches nor agent of the Carolina Mustangs assumes any financial responsibility for exercising this action.

Signature of Parent/Guardian

Date

EMERGENCY CONTACTS

(Other than a Parent or Guardian)

Emergency Contact: _____

Emergency Contact Phone Number: _____

Emergency Contact Relationship to Participant: _____