

PARENT CONSENT FORM
FOR
TRAVEL

PLAYER'S NAME: _____

***PROVINCIAL MEDICAL NUMBER:** _____

1. It is the policy of this Association to notify a parent when a child is ill or requires medical attention. Occasionally, we cannot contact parents, and we need to get immediate help for your child. Our procedure is to take the person to the nearest emergency medical service.

2. Please sign the consent below SO that we can take appropriate action on behalf of your child. Return the signed consent to us immediately. We will take this consent with us to the emergency centre.

3. I hereby give consent for my child when ill to be taken to the nearest emergency centre by the Team Staff when I cannot be contacted.

4. I hereby consent for my child to receive medical treatments deemed medically necessary by the emergency centre.

5. The Medical History Card must be filled out and attached to this Consent Form.

Date: _____

Signature of Parent/Guardian: _____

*** Please Note:** In some provinces, the law prohibits the request of Health Card Numbers due to a disclosure/confidentiality issue.