



**CONSENT FOR ATHLETIC TRAINING SERVICES AND  
EMERGENCY MEDICAL TREATMENT**

(Must be completed and signed by the athlete's parent or guardian)

**RETURN TO THE MUKWONAGO BRAVES**

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's address: \_\_\_\_\_ City: \_\_\_\_\_

Parent (Guardian) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father: Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of emergency and the absence of parent/guardian, please list two people you recommend we call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

List any medications being taken: \_\_\_\_\_

List any physical disabilities: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**CONSENT AND AUTHORIZATION**

I hereby authorize the employed, contracted or volunteer staff of the participating teams to consent to any; athletic training services or necessary medical assistance on behalf of my son/daughter/ward. I further authorize these individuals to discuss my Son/daughter/ward's medical condition with other health care personnel. To the fullest extent permitted by law, I do hereby indemnify and hold harmless the Mukwonago Braves (contracting agency), entities and other persons who act in reliance upon this authorization.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_