



WILMINGTON HURRICANE YOUTH FOOTBALL PROGRAM

2176 State Route 730 • Wilmington, Ohio 45177 • www.whyfp.com

EMERGENCY MEDICAL RELEASE

Student Name _____ Phone Number _____

Address _____ City, State, Zip _____

Home School _____ Grade _____ Gender _____

Date of Birth ____/____/____ football players must supply copy of birth certificate

Custodian/Guardian: Both parents Mother Father Other _____

Father/Guardian _____ Email _____

Home Phone Number _____ Work Phone _____ Cell Phone _____

Mother/Guardian _____ Email _____

Home Phone Number _____ Work Phone _____ Cell Phone _____

Purpose: to enable parents & guardians to authorize the provision of emergency treatment for children who become ill or injured while under WHYFP authority, when parents and guardians cannot be reached.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I hereby give my consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Phone _____

In the event the above designated Physician, Dentist, or Specialist is unavailable (or if contact information is incomplete or blank), consent is given to another licensed physician, dentist, or specialist, and transfer to any hospital reasonably accessible is authorized.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Parent/Guardian Signature _____ Date _____

Refusal to Consent

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the WHYFP to take no action or to: _____

Date: _____ Signature of Parent/Guardian _____