



# 2015-2016 Providence Mountain Emergency Services Consent to Treat Form

	Date	<input style="width: 100%;" type="text"/>	Visit Date	<input style="width: 100%;" type="text"/>	GO Code	<input style="width: 100%;" type="text"/>		
					Enrollment for	<input style="width: 100%;" type="text"/>		
Name	<input style="width: 100%;" type="text"/>	Name	<input style="width: 100%;" type="text"/>		Program Length	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>					Prog Start Date	<input style="width: 100%;" type="text"/>	
City	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>	Zip Code	<input style="width: 100%;" type="text"/>	Group Name	<input style="width: 100%;" type="text"/>	
Country	<input style="width: 100%;" type="text"/>					Program	<input style="width: 100%;" type="text"/>	
H Phone	<input style="width: 100%;" type="text"/>	W Phone	<input style="width: 100%;" type="text"/>				Session	<input style="width: 100%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>					Day	<input style="width: 100%;" type="text"/>	
					Shift	<input style="width: 100%;" type="text"/>		
Group Organizer	<input style="width: 100%;" type="text"/>	GO Cell Phone	<input style="width: 100%;" type="text"/>				Discipline	<input style="width: 100%;" type="text"/>
					Skill Level	<input style="width: 100%;" type="text"/>		
			Age Division	<input style="width: 100%;" type="text"/>	Age	<input style="width: 100%;" type="text"/>	Grade	<input style="width: 100%;" type="text"/>

### Medical Release

If your child needs emergency medical care beyond first aid and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed MEDICAL CONSENT FORM with your group organizer or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital so that medical treatment can be rendered.

Participant's Name	<input style="width: 100%;" type="text"/>	Illness	<input style="width: 100%;" type="text"/>	Allergies	<input style="width: 100%;" type="text"/>
Medications	<input style="width: 100%;" type="text"/>	Date of last Tetanus Shot	<input style="width: 100%;" type="text"/>	Other	<input style="width: 100%;" type="text"/>
Physican	<input style="width: 100%;" type="text"/>	Emergency Contact	<input style="width: 100%;" type="text"/>	Nearest Relative	<input style="width: 100%;" type="text"/>
Physician Phone	<input style="width: 100%;" type="text"/>	Emergency Phone	<input style="width: 100%;" type="text"/>	Relative's Phone	<input style="width: 100%;" type="text"/>
Health Insurance Co	<input style="width: 100%;" type="text"/>	Member Number	<input style="width: 100%;" type="text"/>	Group Number	<input style="width: 100%;" type="text"/>

I/we hereby authorize Providence to give all medical and/or surgical treatment that may be required for our child/children during our absence or for me if I am the participant from December until May

I ACCEPT      SIGNATURE \_\_\_\_\_

By clicking the check box in the "I Accept box" above I certify that I am the Participant or that I am the parent or legal guardian of the participant and that I hereby authorize Providence to give all medical and/or surgical treatment that may be required for our child/children during our absence or for myself if I am the participant from December until May