



ZONE TEAM ATHLETE MEDICAL INFORMATION/CONSENT FORM

Athlete medical information:

Athlete's Name _____

Physician's Name _____

Physician's Phone Number _____

Insurance Company _____

Insurance Policy Number _____

Any Allergies/Treatments? _____

Any Prescription Drugs? _____

Any food/diet restrictions? _____

Emergency contact:

Name Relationship to athlete Phone Number

Parental consent for medical treatment:

In case of a medical emergency, I hereby authorize any of the North Carolina Zone Team coaching staff, officials, managers, or chaperones to give consent for medical treatment to be administered to my child.

(Print name of Parent/Guardian) (Signature of parent/guardian) (Date)