

**Bertie County Recreation Department
Medical Conditions & Emergency Treatment Form**

Does your child have any dangerous medical conditions that I should know about?

If so, list them below. Also please sign to authorize emergency treatment.

1) Child's Name _____

2) Name of Family Doctor _____
Phone _____

3) Insurance Company _____ Policy# _____

4) I give my permission for my child to be treated by a medical doctor in case of an emergency. YES _____ NO _____

5) Dangerous Medical Conditions (e.g. asthma, diseases, heart conditions, etc.)

6) Is there anything a doctor should know (e.g. drug allergies)

7) How can you be reached in case of an emergency?

Name _____
Telephone# _____
Cellular# _____
Pager# _____

8) In a medical emergency, I authorize the coach and related personnel (such as assistant or parents of other team members) to take my child to the closest hospital for treatment. YES _____ NO _____

Signature _____
Parent or Guardian

Date _____