

## CHEYENNE SOCCER CLUB

### CONSENT FOR MEDICAL AND DENTAL TREATMENT (MINOR)

Player \_\_\_\_\_

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. My insurance carrier is \_\_\_\_\_

\_\_\_\_\_

Policy No. \_\_\_\_\_.

Dated \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_