

# 2019 Mount Berry Soccer Academy: Parental Consent Form for Treatment

Overnight Camp: June 12-15    Day Camp One: June 17-21    Day Camp Two: July 22-26

Name of Camper: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Date of Birth: \_\_\_\_\_

**Please provide the following information about the above named camper:**

Allergic Reactions: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Date of Last Tetanus Toxoid: \_\_\_\_\_

Past illness or other information that would be useful in the event of a treatment if necessary: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

A photocopy of both sides of your medical insurance card is also acceptable.

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IN THE EVENT THAT A PARENT OR GUARDIAN CANNOT BE CONTACTED, PLEASE  
INDICATE ONE OF THE FOLLOWING:

\_\_\_\_\_ I hereby certify that the Mount Berry Soccer Academy Staff has full and unconditional authority to proceed with diagnoses and treatment as judgment indicates for injuries during camp. The Mount Berry Soccer Academy shall not be held responsible for any consequence resulting from such injuries.

\_\_\_\_\_ I authorize limited care as follows: \_\_\_\_\_

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I declare that I am the Father / Mother / Guardian **(circle one)** of the above-named minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Mother's Name: \_\_\_\_\_ Mother's Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Emergency Cell Phone: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED BY REGISTRATION TO ALLOW PARTICIPATION!!!**