

Consent & Authorization for Medical Care & Image Use

Parental Consent to Treatment of a Minor (& Releases)

Westmont Team Camp Tournaments

PLEASE COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT. PRINT LEGIBLY.

Participant	<i>Name (Last, First)</i>	<i>Birth Date</i>	
Medical Info <i>LEAVE BLANK WHERE NOT APPLICABLE.</i> <i>CHECK HERE <input type="checkbox"/> IF CONTINUED ON REVERSE.</i>	<i>Known allergies</i>		
	<i>Current medications</i>		
	<i>Physical restrictions</i>		
	<i>Previous injuries</i>		
	<i>Other info that emergency assistance providers should know</i>		
Contacts <i>PROVIDE AT LEAST ONE PHONE NUMBER FOR EACH PERSON. INCLUDE AREA CODE.</i>	Parent or Legal Guardian		
	<i>Phone(s)</i>	<i>Work</i>	<i>Cell</i>
	<i>Home</i>		
	<i>Email</i>		
	Primary Physician		
	<i>Phone(s)</i>	<i>Pager</i>	<i>Cell</i>
	<i>Office</i>		
	Primary Dentist		
	<i>Phone(s)</i>	<i>Pager</i>	<i>Cell</i>
	<i>Office</i>		
Authorized Relative/Friend			
<i>Phone(s)</i>	<i>Work</i>	<i>Cell</i>	
<i>Home</i>			
<i>Email</i>			
Authorization for Medical Care	<p>If, in the opinion of the person in charge, an injury or illness requires urgent medical or dental examination or treatment of the above-named Participant, I authorize and direct the event sponsor (or its agent/s) to:</p> <p style="margin-left: 20px;">a) arrange transportation by car or ambulance to the closest hospital;</p> <p style="margin-left: 20px;">b) call the health service provider/s named above; and</p> <p style="margin-left: 20px;">c) attempt to reach one or more of the other listed contacts.</p> <p>If a named health service provider is unavailable, I authorize any emergency treatment deemed necessary by a health service provider licensed for the services needed.</p>		
Acceptance of Circumstances & Assumption of Risk	<p>I understand that Westmont College assumes no financial responsibility or legal liability for medical care or ambulance transportation. I also verify that the Participant is in sufficient health to be able to participate in the event identified above. I recognize that all physical activity has some risk of injury or even death and, except for any negligence, on behalf of all interested parties I release Westmont from liability for such loss.</p>		
Image Release	<p>I authorize the use, in future program publications, of still or motion images that are recorded during program activities and include this Participant.</p>		
Signature	<i>Parent or Legal Guardian</i>	<i>Date</i>	