

## Elite Tournaments Minor Medical Consent Form

I, \_\_\_\_\_, **(name of parent or legal guardian)** of \_\_\_\_\_, **(name of player)** born on: \_\_\_\_\_, **(player's date of birth)** do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of Elite Tournaments of Columbia, MD and I am not reasonably available by telephone to give consent. The Undersigned agrees to consent to any X-Ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above-named minor which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

This authorization is effective from the \_\_\_\_\_, **(First date of your tour)** to \_\_\_\_\_, **(Last date of your tour.)**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Witness Name (please print)**

Please fill out the additional information regarding your player:

**Family Address:** \_\_\_\_\_

**Emergency Contact One:** \_\_\_\_\_ **Emergency Contact Two:** \_\_\_\_\_

**Date of Last Tetanus:** \_\_\_\_\_

**Allergies to drugs or foods:** \_\_\_\_\_

**Special Medications, Blood Type or Pertinent Information:** \_\_\_\_\_

\_\_\_\_\_  
**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_