

Dave DeVenzio's National Point Guard Camp
Medical Consent Form

ATHLETE'S FULL NAME

LOCATION OF SESSION ATTENDING

AGE

BIRTHDATE

ATHLETE'S SOCIAL SECURITY #

HOME PHONE NUMBER

HOME ADDRESS

PLEASE PROVIDE ANY OTHER PERTINENT MEDICAL INFORMATION (ALLERGIES, MEDICATIONS, ETC.)

ATHLETE'S PHYSICIAN
MOTHER/LEGAL GUARDIAN

PHYSICIAN'S PHONE NUMBER

NAME

DAYTIME PHONE NUMBER

BIRTHDATE
FATHER/LEGAL GUARDIAN

EVENING PHONE NUMBER

NAME

DAYTIME PHONE NUMBER

BIRTHDATE

EVENING PHONE NUMBER

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT:

IN THE CASE OF AN EMERGENCY I, _____, AS THE LEGAL GUARDIAN OF _____, AUTHORIZE THE STAFF OF DAVE DEVENZIO'S NATIONAL POINT GUARD BASKETBALL CAMP TO GIVE CONSENT TO ANY 20RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT, AND HOSPITAL CARE, TO BE RENDERED TO THE ATHLETE WHEN THE NEED FOR SUCH TREATMENT IS IMMEDIATE, AND WHEN EFFORTS TO CONTACT ME ARE UNSUCCESSFUL.

SIGNATURE OF LEGAL GUARDIAN

DATE

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER

**PLEASE ATTACH A COPY OF YOUR CHILD'S
INSURANCE CARD!!!**