

# HAWTHORNE CABALLEROS 2021 MEDICAL FORM

Name: \_\_\_\_\_

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

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

Birth date: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy No. \_\_\_\_\_

## Emergency Call Information

Primary Contact: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Back up Contact: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Pager, cell other \_\_\_\_\_

## Emergency Medical Information:

Allergies (meds, food, insects etc.) \_\_\_\_\_

Meds for allergies: \_\_\_\_\_

History of: Asthma \_\_\_\_\_ Seizure \_\_\_\_\_ Diabetes \_\_\_\_\_ Other \_\_\_\_\_

Meds needed for above \_\_\_\_\_

Are meds with you at all times? \_\_\_\_\_

Glasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Braces \_\_\_\_\_ Hearing Aid \_\_\_\_\_

Please explain any medial or physical restrictions that might prevent or stop your participation in a practice or competition. \_\_\_\_\_

Did you receive your Covid 19 Vaccination? (check one) Yes \_\_\_ No \_\_\_ I prefer not to answer \_\_\_

## Personal or Parent Authorization

In the event I (my child) requires(s) medical care (as determined by the administration or medial services) while participating with the Hawthorne Caballeros, and am not able to sign for myself, the signature below acts as an authorization for the doctors and/or hospital to perform all necessary procedures, and render treatment including the administration of anesthesia, as necessary. I understand that attempts will be made to contact my family and/or emergency contact listed on this form as necessary before initiating this authorization.

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

Parent or Guardians Signature (if under 18) \_\_\_\_\_

## FOR MEMBERS UNDER 18 – TRAVEL CONSENT

I, \_\_\_\_\_

Parent of \_\_\_\_\_

Give consent for travel with the Hawthorne Caballeros to their various practices and performances

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*These forms are confidential and will only be used in case of an emergency situation. Please return this form and a copy (both Sides) of your insurance card to Mike Ryan\*\***