

HAWTHORNE CABALLEROS 2022 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****