# Bethany College Women's Soccer

## Indoor FUTSAL Tournament

### EMERGENCY CONTACT/ RIGHT TO TREAT FORM (Only for parent/guardian of participants under the age of 18)

*"In the event of an emergency, staff of Bethany College will make reasonable efforts to reach me, prior to the administration of emergency medical care. I can be reached at the following telephone numbers:*

Home:_____ Work:_____ Cell:_____

*However, in the event that I cannot be reached, the following individuals are hereby authorized to make medical decisions for my child:*

Name:_____ Phone:_____

*In the event that neither myself or the above named individual can be reached, I hereby authorize Bethany College, acting through an athletic trainer, to act on behalf in loco parent for my child and authorize emergency medical treatment, if necessary. I further hereby grant permission to medical personnel, physicians and surgeons, first aid stations and medical clinics to provide clinical or x-ray treatment that any attending physician, his or her assistants or medical, clinical, or hospital personnel deem, in their judgment, to be necessary. I further consent to the administration of anesthesia and to the use of such anesthesia as deemed desirable."*

Parent/Guardian Signature: _____ Date:_____

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### INSURANCE INFORMATION

Insurance Company:_____

Policy Number:_____

*I give my consent for my child to participate in the Bethany College girls high school Futsal Tournament. I certify that she is physically fit to take part in all activities and does not have any medical conditions that would limit my child's participation. I give permission for my child to receive medical treatment in the event of injury or illness of my child.*

Parent/Guardian Signature: _____ Date:_____

### PLEASE NOTE ANY MEDICAL CONDITION(S):

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