Medical Treatment Form
(Please print Clearly)

Name:_____
First Middle Last

Date of Birth_____ Social Security #_____

Parent / Guardian Phone #_____

Emergency Phone#_____

Personal Physician:_____Phone_____

Insurance Company:_____Phone_____

Policy Holder:_____Employer_____

ID Number:_____ Plan Number_____

Is your insurance a HMO? Yes NO

As the Parent / Legal guardian of _____, I give permission for Matthew McDermott, Jonna Borgdorff, or Richard Townsell to authorize medical treatment should a serious injury occur.

_____ _____
(Parent / Legal Guardian Signature) (Date Signed)

Effective Dates _____ to _____