



GLRSA  
(765) 477-1400  
glrsa1@aol.com  
www.glrsa.org

## Greater Lafayette Recreational Soccer Alliance Consent for Medical/Surgical Care/Emergency Treatment And Child Medical Information

I, the undersigned parent or legal guardian of \_\_\_\_\_,  
a minor, hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine and/or  
Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or  
well being of the above named dependent.

Signature of Parent / Guardian: \_\_\_\_\_

Please Print Parent / Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address (street/city/State/Zip): \_\_\_\_\_

Telephone Numbers (home/work/cell/other): \_\_\_\_\_

\_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

### MEDICAL INFORMATION

Child's Birthdate: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Date of Last Tetanus Treatment: \_\_\_\_\_

Medicine(s) Child is currently taking: \_\_\_\_\_

Name and Phone Number of Family Physician: \_\_\_\_\_

Name and Phone Number of Family Dentist: \_\_\_\_\_

Other Information: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Please complete and return to your  
Child's Coach!**