Parent/Guardian Medical Consent Form

This medical form must be completed in order for your son/daughter to participate in any activity/camp organized by the Global Sports Institute LLC. Please complete this form in its entirety providing us with any and all pertinent medical information.

Name of Minor_____ Birthday: (M/D/YYYY)_____

Insurance Company_____ REQUIRED INFORMATION

Name on Insurance Card _____

Policy # or Group #_____ Social Security #_____
(only if used by insurance company)

MEDICAL INFORMATION:

Food Allergies; Allergic Reactions:_____

Medicine Allergies: _____

Date of Last Tetanus: _____REQUIRED INFORMATION

Medication currently taking: _____
Note: All medication will be turned into the resident hall supervisor upon checking in. Medication will be provided as per the direction of a doctor's prescription and with the parent/guardian written permission.

EMERGENCY NUMBERS:

Father (Home, work, cell)_____

Mother (Home, work, cell)_____

Emergency contact name and phone # (other than parent/guardian)_____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS AND SIGN:

☐ I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to said Minor by a licensed physician, nurse or other qualified Health Care provider). Also, for said Minor by transporting him/her by whatever means are necessary, to any hospital, clinic or other health facility.

☐ I authorize limited care as follows: _____
_____

Full name of Parent/Guardian _____

I, _____, declare that I am the father/mother/guardian of the above named minor. (Circle correct title)

_____ _____
Signature of Parent or Guardian Date

ONCE YOU HAVE COMPLETED AND SIGNED THIS DOCUMENT
PLEASE MAIL PAGE ONE TO:

Global Sports Institute
5716 Hempstead Drive

Agoura Hills, CA 91301