

NCO Magic Basketball Club  
Medical Release/Consent to Treat

Player's Name(print)\_\_\_\_\_ Date of Birth\_\_\_/\_\_\_/\_\_\_  
Address:\_\_\_\_\_

Please indicate which phone # and email are primary. This is the number and/or email we will use to make any contact with you regarding schedule changes.

Father's Name\_\_\_\_\_ Email\_\_\_\_\_   
Phone Cell\_\_\_\_\_ Home\_\_\_\_\_ Work\_\_\_\_\_

Mother's Name\_\_\_\_\_ Email\_\_\_\_\_   
Phone Cell\_\_\_\_\_ Home\_\_\_\_\_ Work\_\_\_\_\_

Emergency Contact (other than parents)  
Name/relationship\_\_\_\_\_ Phone\_\_\_\_\_

Medical Information  
Primary Physician Name \_\_\_\_\_ Phone\_\_\_\_\_

Dentist/Orthodontist Name \_\_\_\_\_ Phone\_\_\_\_\_

Allergies, medical conditions, previous injuries(list):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications:\_\_\_\_\_

Date of Last Tetanus Booster:\_\_\_\_\_

Person responsible for Charges if different than above\_\_\_\_\_

Insurance Company\_\_\_\_\_ Policy #\_\_\_\_\_

I/we grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers. All reasonable attempts will be made to contact the parents/guardians prior to treatment.

Parent Signature \_\_\_\_\_ Date\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date\_\_\_\_\_