

Emergency Medical Information
Parent/Guardian Permission
Miamisburg Wee Vikes

Player Name: _____ **DOB:** _____ **Grade:** ____ **Squad:** ____

I/We hereby give my/our consent for the above named player to participate in the Miamisburg Wee Vikes program.

I/We understand that there is a certain amount of risk involved in participating in any sport or athletic activity. I/We understand that injuries do occur and that some of those injuries can be serious. I/We understand that injuries that do happen can cause permanent damage. I/We understand that these injuries can occur regardless of the sport that the above named payer is participating in.

In the event of reasonable attempts to contact the parent or guardian at the numbers below, I/We give my/our consent for the above named player to be administered any treatment deemed necessary by a designated official, physician, dentist, or EMT. Individual will be transported to the nearest hospital/care facility which is deemed the best facility for transport considering the situation and/or injuries.

Contact #1:

Name: _____ **Phone:** _____ **Relation:** _____

Cell: _____ **Email:** _____

Contact #2:

Name: _____ **Phone:** _____ **Relation:** _____

Cell: _____ **Email:** _____

Emergency contact other than above:

Name: _____ **Phone:** _____ **Relation:** _____

Allergies:

Medication: _____

Food: _____

Other: _____

Required Meds: (ex: inhalers, Epi-pens) _____

Signature: _____ **Relation:** _____

Signature: _____ **Relation:** _____

This form must be filled out by every athlete participating in the Wee Vikes and is to be kept on file by the Head Coach/Team mom/Medic for that squad and have available at all times. Any time an athlete is participating in practice or games, this form should be available.