

HEARTS EMERGENCY CONTACT INFORMATION &
MEDICAL CONSENT FORM

Complete one form for each registered HEARTS student

Student Name: _____

Mom's Cell _____ Mom's Work _____

Dad's Cell _____ Dad's Work _____

Alternate Emergency Contact Name _____

Address _____

PHONE: Home _____ Cell _____ Work _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Preferred Doctor Name: _____ Phone: _____

Insurance Company _____

Member Number _____ Group Number _____

Phone Number _____ Subscribers SSN _____

MEDICAL CONSENT/RELEASE

As the parent/legal guardian of _____, I hereby give my consent that in my absence, if I cannot be reached by telephone, the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment in the event of an accidental injury or illness. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment on the above minor as they deem reasonably necessary. I have not been given a guarantee as to the results of examination or treatment. I also assume responsibility for the payment of any such treatment. I absolve HEARTS and its representatives from liability in acting on my behalf.

I recognize and acknowledge there is no accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury my child sustains as a result participation in HEARTS activities. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from HEARTS, or its insurer, for any medical expenses.

Signed
(parent/guardian): _____ Date: _____