



1106 S. Roosevelt St. Goldendale, WA 98620

EPIC YOUTH CENTER EMERGENCY INFORMATION & CONSENT
(ONE FOR EACH ATHLETE)

Athlete's Name : _____ Nickname: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____

Father's Name: _____

Address: _____

Employer: _____

Home Phone:(____) _____ Work Phone:(____) _____ Email _____

Mother's Name: _____

Address: _____

Employer: _____

Home Phone:(____) _____ Work Phone: (____) _____

Email _____

Family Medical Insurance:

Carrier: _____ Group: _____

Policy #: _____ Group#: _____

Family Physician's Name: _____

Physician's Address: _____

Physician's Phone: (____) _____ Email: _____

Allergies (list): _____

Serious medical conditions (list): _____

I/we hereby grant consent to any and all health care providers designated by:
_____ (organization's name) to provide my child _____ (name)
any necessary medical care as a result of any injury/illness.

This consent includes first aid and transportation to/from health care providers.

Father's signature and date

Mother's signature and date

Approved _____