



Consent To Treat / Medical History Form

This is to certify that on this date, I

as parent

or guardian of _____ (athlete participant), give my consent to the Park City Ice Hockey Invitational (Future Sports Stars, Inc.) and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in The Park City Invitational Ice Hockey Camp and its sanctioned events.

Please complete the following insurance information for said participant:

Insurance Company:

Policy Number:

Parent/Guardian Signature:

Date:

EMERGENCY CONTACT

Name:

Phone:

Address:

Physician's Name:

Phone:

MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment in the space below (continue on a 2nd sheet if needed and be sure to return both pages to PCI).

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Head injury (<i>concussion/fracture</i>) | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Convulsions/epilepsy | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Other |
| <input type="checkbox"/> Neck or Back Injury | <input type="checkbox"/> Heart murmur | |

Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? ☐ Yes ☐ No If yes, when?

Are you taking any medications? ☐ Yes ☐ No If yes, list on a separate page

Has a doctor placed any restrictions on your activity? ☐ Yes ☐ No If yes, explain on separate page

PLEASE FAX COMPLETED FORM TO (802) 658-0190 or SCAN AND EMAIL TO kpeck@pci hockey.com