



**BOYS & GIRLS CLUBS**  
OF BELLEVUE

## Medical Consent Waiver

**Coaches:**

Please give one parent/guardian approval form to each of the players on your team and have them return it to you so have it with you at all times in case of emergency.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Hospital you would like your child taken in case of an emergency:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Parents or Guardian Approval:**

We hereby approve our child's application for membership in the Bellevue Boys and Girls Clubs and consent to him or her being given a physical examination treatment by a physician or hospital in case of an accident to him/her taking part in various athletic, cultural and social activities of the Club and will not hold the Boys and Girls Clubs of Bellevue, members of its board, staff leaders or other instructors responsible for injury to our child or damage to his/her property which may occur while participating in Boys and Girls Clubs of Bellevue activities or while being transported to or from such activities.

**Consent to Medical Care and Treatment:**

I, \_\_\_\_\_ authorize all medical, surgical, diagnostic and hospital as maybe performed or prescribed by treating physician for my child \_\_\_\_\_

if I cannot be reached in case of an emergency.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to your coaches. Coaches please keep these forms with you.**