

**Bedford Community Education  
MEDICAL/EMERGENCY INFORMATION & CONSENT**

Player/Participant Name \_\_\_\_\_ League/Program \_\_\_\_\_  
Program Location/Building \_\_\_\_\_ Start Date \_\_\_\_\_  
Player/Participant Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Complete Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother/Guardian Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Father/Guardian Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
If parents can not be reached, please list two other adults that may be contacted:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**FAMILY MEDICAL INSURANCE**

Carrier \_\_\_\_\_ Group \_\_\_\_\_  
Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_ ID No. \_\_\_\_\_  
Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preferred \_\_\_\_\_ Phone \_\_\_\_\_  
Please list ALL medical information which the instructors/coaches should be aware while supervising your child  
(allergies, epilepsy, asthma, diabetes, heart conditions, medications, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL CONSENT**

I/we hereby grant consent to any and all health care providers to provide my child with any medical or minor surgical treatment, x-rays, and immunizations. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact a parent or guardian, the treatment necessary for the best interest of the child will be given. In the event that an emergency arises during league practices, games, or activity classes, an effort will be made to contact the parent or guardian. This consent includes first-aid and transportation to/from health care providers. Participants are NOT insured by Bedford Community Education. Parents/Guardians are responsible for ALL expenses incurred.

I have read, understand, and agree to the above medical consent & emergency information.

\_\_\_\_\_  
Parent/Guardian Signature    Print Parent/Guardian Name    Date Signed

**IMAGE RELEASE**

In consideration of \_\_\_\_\_, my minor child/ward being allowed to participate in any way in the \_\_\_\_\_ Program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the Bedford Community Education Programs.

\_\_\_\_\_  
Parent/Guardian Signature    Print Parent/Guardian Name    Date Signed

**\*\*Please Note: This Medical Consent & Emergency Information is to be in the possession of your child's instructor or volunteer coach for quick reference for first-aid and emergencies. It MUST be completed and turned in prior to your child participating in the league/program.**