**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 activites, 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.**