

TC Volleyball Camp

Parental Consent Form

To enable the health facilities in Greeneville, TN to provide prompt care to your minor daughter, we must have the Consent Form completed in its entirety. This way, we can help your child without delay should an emergency occur.

Name of Minor: _____

DOB: _____

Insurance Company: _____

Name on Insurance: _____

Policy # or Group # or SS #: _____

Medical Conditions: _____

Current Medication: _____

Date of last tetanus Shot: _____

Allergies: _____

Phone: _____

Emergency Contacts

1. Contact Name: _____
Relationship: _____
Day Phone: _____
Cell Phone: _____

2. Contact Name: _____
Relationship: _____
Day Phone: _____
Cell Phone: _____

I grant permission to the Director, Assistants, or other responsible parties for her care to act on my behalf for said minor in granting permission of medical treatment. I understand that if major issues arise, an attempt will be made to contact me by phone. If I cannot be reached, I consent to treatment deemed necessary rendered to said minor by a licensed physician or nurse.

Parent or Legal Guardian Signature

Date