

MERAQUAS OF IRVINE: MEDICAL RELEASE FORM CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the Parent/Legal Guardian, I hereby give consent to **the Meraquas of Irvine (team coach/other representative)** to provide all emergency medical or dental care, including, but not limited to: surgery, hospitalization, and anesthesia for:

Participant name _____ born _____

Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____ Date _____

PERSONAL INSURANCE INFORMATION

Name of Policy Holder _____ DOB: _____

Address _____ Home# _____

Cell# _____ Other# _____

Insurance Carrier _____

Policy/Group # _____ Member ID# _____

Billing Address _____ Ins Ph# _____

EMERGENCY CONTACTS (different from above)

Name _____ Ph # _____

Name _____ Ph # _____

HEALTH HISTORY: Current Medical Conditions, Medications, Allergies (if food, indicate contact/ingestion):

Primary Physician _____ Office # _____

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