

**Orlando Road Club
Emergency Care Permission Form**

Athlete's Name: _____

As parent or guardian of the above named athlete, or on behalf of myself if I am an athlete at least 18 years of age, I hereby authorize the staff and Coaches of the Orlando Road Club to provide care, including authority for medical transportation, in the event of injury or illness. I also authorize qualified medical personnel to provide emergency medical care in the event of an emergency.

Parent/Guardian: _____

(Note: If athlete is at least 18 years old, insert "N/A" on this line)

Address: _____

City: _____

State: _____ **Zip:** _____

Daytime Telephone: _____ **Evening Telephone:** _____

Cell Telephone: _____

Other authorized person to contact in an emergency: _____

Relationship to Athlete: _____

Daytime Telephone: _____ **Evening Telephone:** _____

Cell Telephone: _____

Family Doctor: _____

Doctor's Telephone: _____

Health Insurance Company Name: _____

Name of Insured: _____

Health Insurance Policy Number: _____

Athlete's allergies, chronic illnesses, medications taken, or other medical conditions: _____

Signed: _____

Dated: _____