

Sport(s) _____

**CENTRAL CHRISTIAN COLLEGE
CONSENT FOR EMERGENCY TREATMENT
2011-12**

Name (First, Middle Initial, Last)

Last 4 digits of Social Security #

Address (City, State, Zip Code)

(_____) _____

Home Phone #

~ ~ ~ ~ ~

Father/Guardian

Mother/Guardian

Address

Address

City State Zip

City State Zip

(_____) _____

Home Phone #

(_____) _____

Home Phone #

Name of Employer

Name of Employer

(_____) _____

Work Phone #

(_____) _____

Work Phone #

~ ~ ~ ~ ~

Allergies

Current Medications

Existing Medical Conditions

~ ~ ~ ~ ~

Central Christian College and its personnel have my permission to seek emergency treatment for my son/daughter, _____, during his/her participation in athletics: practices, games, and conditioning workouts. This permission remains in effect during the 2011-2012 academic year.

Father's/Guardian's Signature

Mother/Guardian's Signature