

**DANE COUNTY AREA YOUTH
FOOTBALL LEAGUE, INC.
MEDICAL EMERGENCY
INFORMATION**

Program Name:

Team Name:

Grade(fall):

I hereby authorize the coaching staff and agents of the Dane County Area Youth Football League, Inc. ("DCAYFL"), a Wisconsin Non-Stock Corporation, to use and disclose any and all of my child's individual health and medical information or other information that I have herein provided or subsequently provide in writing. This release authority applies to any information which may be governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPPA), 42 USC 1320d and 45 CFR 160164.

Further, I hereby consent and authorize the coaching staff and agents of the DCAYFL to seek out and authorize the necessary hospital care and/or medical treatment for the child named herein for any illness or injury that may occur while such child is participating in, or in the care or custody of an agent of the DCAYFL. I understand that medical and other information herein or subsequently provided to the DCAYFL will be used if medical treatment and or hospital care is required and I am not immediately available to obtain said medical care or treatment or give my consent for the performance of said care or treatment. The coaching staff and agents of DCAYFL will do their best to seek care from the doctor or the hospital as herein provided by me, however, I hereby authorize them to use their best judgment in obtaining expedient and proper care of my child in the event the designated facilities herein are not practical or available under the circumstances.

Athlete's Name

Father/Guardian

Mother/ Guardian

Home Address

Home Address

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

Physician Name

Clinic

Phone

Address

Hospital

Phone

Weight

Height

Date of Birth

School/Grade (fall)

Current Medications

Pre-Existing Medical Conditions

Allergies

Other Comments or Instructions

Medical Insurance Provider

Policy Number

In case of Emergency Notify

Phone Number

If unavailable, please notify

Phone Number

My signature below certifies that I have read and understand the requirements of me and my child to participate the Dane County Area Youth Football League.

Dated : _____ Dated: _____
Parent/Guardian Athlete