

# **HOLE IN ONE ENTERPRISES**

## **MEDICAL CONSENT FORM**

### **GENERAL INFORMATION**

Athlete's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

### **EMERGENCY CONTACT**

Name & Phone number: \_\_\_\_\_

Other contact: \_\_\_\_\_

### **MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

### **MEDICAL ALERTS**

Drug Allergies \_\_\_\_\_ Bee Sting Allergy \_\_\_\_\_ Epi Pen \_\_\_\_\_

Food/Nut allergies: \_\_\_\_\_ Current Medication: \_\_\_\_\_

Asthma/Inhaler \_\_\_\_\_

Other: \_\_\_\_\_

### **PARENTS MEDICAL CONSENT STATEMENT:**

By my signature and in my absence, I authorize and hereby grant permission to any Hole In One counselor and/or golf professionals, approved staff member and/or any hospital as agent(s) for the undersigned to consent, in advance of any specific diagnosis, to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is rendered under the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment rendered at the office of said physician or a said hospital.

1. I authorize any medical assistance that may be required for the above mentioned child during my absence.
2. I hereby give permission for the images of my child, captured during regular and special activities through video, photo, and digital camera to be used solely for the purpose of the Sterling Farms promotional materials and publications, and waive any rights of compensation or ownership thereto.
3. Sterling Farms and the Staff are not responsible for providing supervision outside the hours of the program signed up for.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_