



**USA Hockey and Centennial Youth Hockey Association
Consent to Treat and Medical History Form**

This form is kept in Team Book and is easily accessible to the Coach/Team Manager



Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Cell/Pager Numbers: _____

Name of Insurance Company: _____ Policy Number: _____

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants.

Who to contact in case of emergency?

Name: _____ Relationship: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Physician's Name and Tel Number: _____ (____) _____

Hospital of Choice and Tel Number: _____ (____) _____

Please complete the following. If the answer to any of the questions is or was yes, please describe the problem and its implications for proper first aid treatment on this form or on a separate piece of paper.

Have you had (or presently have) any of the following?	Circle One		Additional Info:
	Yes	No	
Head Injury	Yes	No	
Fainting Spells	Yes	No	
Convulsions/Epilepsy	Yes	No	
Neck or Back Injury	Yes	No	
Asthma	Yes	No	
High Blood Pressure	Yes	No	
Kidney Problems	Yes	No	
Hernia	Yes	No	
Diabetes	Yes	No	
Heart Murmur	Yes	No	
Allergies (please specify)	Yes	No	
Injury to Shoulder	Yes	No	
Injury to Knee	Yes	No	
Injury to Ankle	Yes	No	
Injury to Fingers	Yes	No	
Injury to Arm	Yes	No	
Injury to Other (please specify)	Yes	No	
Impaired Vision	Yes	No	
Impaired Hearing	Yes	No	
Other (please specify)	Yes	No	
Learning Disorders (ADHD, ADD, etc.)	Yes	No	
Have you had a recent Tetanus Booster?	Yes	No	Date: _____
Are you currently taking any medications?	Yes	No	What/Why? _____

This is to certify that on this date, I _____, give my consent to USA Hockey/Centennial Youth Hockey Association and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in USA Hockey sanctioned events.

Signature: _____

Date: _____