

SOCIETY OF SAINT PIUS X
ST. LOUIS 2018 BASKETBALL TOURNAMENT
MEDICAL TREATMENT CONSENT FORM

We, _____, and _____, parents of
(Father) (Mother)

_____, hereby consent on behalf of our child(ren), to any
Child(ren)

hospitalization or medical treatment by any licensed physician in the case of illness or injury to said child, arising from or relating to events or activities which take place in the travel to and from and during the basketball event held at **7401 Balson Ave., St. Louis, MO** on the **17th** day of **March 2018** or while our child is otherwise within the custody of any of the priests, delegates, drivers, volunteers, agents, employees, officers or directors of The Society of Saint Pius X, South-West District Inc., or of any of its chapels, schools or other subordinates or affiliated organizations in connection with said basketball event.

Dated _____
Father's Signature

Mother's Signature

Insurance Information*

Insurance Co. Name _____

Insurance Co. Address _____

Insurance Co. Phone # (_____) _____

Group # (Plan, Local, or Policy #) _____

Policy Owner's Name _____

Relationship to Patient _____

Policy Owner's Birthdate ____/____/____

Policy Owner Social Security # _____

Policy Owner's Employer _____

Player's Social Security # _____

Medical Information*

Brief medical history of child(ren), including allergies and restricted medications: _____

Child(ren)'s physician's name, phone and address: _____

In case of emergency, please call: _____

* Please complete all the above requested information. **Items above in red text must be completed.** All individual player and personal forms are shredded after the tournament for your security.