

Sun Devil Soccer Camp

Leone Soccer Camps, Inc. P.O. Box 7160, Tempe, AZ 85281-7160
Phone # (480) 965-2439



Parental Consent Form

The purpose of this form is to enable our staff and/or health facilities in the area to provide prompt care to your minor. We must have a completed *Parental Consent Form* on file. This way, we can help your child without delay in the event of an emergency. Please mail the completed form to the above address.

Name of minor: _____
Camp Attending: _____
Birthday: _____ Social Security #: _____
Insurance Company: _____
Policy Number: _____

Medical Information

Allergic Reactions: _____
Medication Presently Taking: _____
Date of Last Tetanus Toxoid: _____

Past illness or other information that would be useful in the event treatment is necessary:

Emergency Phone Numbers

Father (Home): _____ Mother (Home): _____
Father (Work): _____ Mother (Work): _____
Father (Cell): _____ Mother (Cell): _____

Other contact in event parents can not be reached:

Name: _____ Relationship: _____
(Home): _____ (Work): _____

Please check one of the following permission options:

I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary.

I authorize limited care as follows:

Parent/Guardian Signature: _____ Date: _____