

## CONSENT FOR TREATMENT



[www.greenwichtrackclub.com](http://www.greenwichtrackclub.com)

As parent (or legal guardian) of \_\_\_\_\_, I hereby give my consent for any emergency medical treatment as approved by his/her coach, or other adult escort, in case of illness or injury while running or in related activities. I understand that this is to prevent undue delay and to assure prompt treatment.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Relationship to runner

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Phone

\_\_\_\_\_  
Dentist Name

\_\_\_\_\_  
Dentist Phone

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this information will make immediate treatment possible.