



State Youth Medical Emergency Form

In the event that my son/daughter becomes ill, or is injured, while participating in any Ohio Junior Bass Federation State event, I hereby give my consent to the Ohio Bass Federation and its board members to authorize the administration of any emergency medical or dental treatment deemed necessary by a licensed physician or dentist, and the transfer of the child to a hospital, clinic or office to obtain treatment. It is understood that reasonable attempts will be made to contact the parents or guardians at the number listed below prior to administration if reasonably possible. The following questions will help us to prepare for any emergencies with your child.

Youth Angler Name

Date of Birth

Parent/Guardian #1 Name

Phone Number

Parent/Guardian #2 Name

Phone Number

List any allergies, including food, insect bites and medications:

Explain all signs or symptoms that result from above listed allergy (i.e. difficulty breathing, hives, rash, etc.).

What is the usual method of treatment when allergy occurs?

Does your child have any medical conditions currently? If so, please explain (including medication).

Does your child have any physical limitations?

CONSENT FOR TREATMENT

I hereby give consent for the above medical treatment

I **DO NOT** give consent for the above medical treatment

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Health Insurance Company

Primary Insured

Policy Number

Group Number

Insurance Company Phone Number

EMERGENCY CONTACTS

Contact #1 Name

Phone Number

Relationship to Angler

Contact #2 Name

Phone Number

Relationship to Angler

Family Physician Name

Phone Number

Dentist Name

Phone Number

Date of last tetanus shot