



**DISABLED
SPORTS
EASTERN
SIERRA**

**Emergency Contact Information
Permission to Provide Transportation
Consent for Medical Treatment**

P. O. Box 7275
Mammoth Lakes, CA 93546
760.934.0791
FAX 760.934.0729

Participant's Name

Participant's Birth Date

Mother/Legal Guardian name

Father/Legal Guardian name

Phone # (cell)

Phone # (cell)

Phone # (work and home)

Phone # (work and home)

Address

Address

Name and phone number of additional person who may be contacted in case of an emergency.

Physician name and Phone #

Dentist name and Phone #

CONSENT FOR MEDICAL TREATMENT:

AS THE PARENT OR LEGAL GUARDIAN FOR _____, I HEREBY GIVE CONSENT TO THE STAFF OF DISABLED SPORTS EASTERN SIERRA TO RENDER FIRST AID OR TO CALL FOR MEDICAL CARE FOR MY CHILD IF PROFESSIONAL MEDICAL OR DENTAL CARE IS NEEDED. I AGREE TO PAY ALL EXPENSES ASSOCIATED WITH SUCH CARE OR RELATED TRANSPORTATION.

MY CHILD HAS THE FOLLOWING ALLERGIES OR SPECIAL NEEDS:

Parent/Guardian Signature

Date

TRANSPORTATION RELEASE:

I HEREBY GIVE PERMISSION FOR _____ TO BE TRANSPORTED FROM AND BACK TO DISABLED SPORTS EASTERN SIERRA FOR PRE-ARRANGED FIELD TRIPS TO VARIOUS DESTINATIONS WITHIN THE TOWN OF MAMMOTH LAKES AND SURROUNDING AREAS.

Parent/Guardian Signature

Date