



Permission to Treat Form

We hereby expressly authorize and request "Ice Works" Elite Hockey Training, the coaching staff, or any member thereof, including Jodye Payne, to act for us and on our behalf, according to their best judgment in any Emergency or injury to our child, _____ requiring paraprofessional or professional medical treatment in the event that we are not available or cannot be reached at:

Name of Father: _____ (Print): Signature: _____

Work () _____ - _____, or Home () _____ - _____

Name of Mother: _____ (Print): Signature: _____

Work () _____ - _____, or Home () _____ - _____

Date: _____

Insurance:

Subscriber Name: _____

Company: _____

Policy # : _____

Claims Phone #: () _____ - _____

Blood Type _____

Name of Primary Physician: _____

Phone Number: () _____ - _____

Name of Dentist: _____

Phone Number: () _____ - _____