

## Emergency Treatment & Photo Consent Form

The following form is to give Harleysville Eagles Football information and permission to treat your child in case of an emergency if you cannot be reached in a reasonable amount of time. This form must be completed before your child will be permitted to practice. The Coach will carry this form to all games.

(Child's full name)  Address:	Name:	Date of Birth:
If I cannot be reached at the above number, please contact on my behalf:  Name: Phone:  Please list relationship to child: (Grandparent, etc.)  I, (parent, legal Guardian) give my permission for emergency diagnosis and treatment of my child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.  Family Doctor is: Phone:  PARENT/LEGAL GARDIAN SIGNATURE:  Car Insurance Carrier:  Policy Number: Expiration:  Health Insurance Carrier:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	(Child's full name)	
If I cannot be reached at the above number, please contact on my behalf:  Name: Phone:  Please list relationship to child: (Grandparent, etc.)  I, (parent, legal Guardian) give my permission for emergency diagnosis and treatment of my child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.  Family Doctor is: Phone:  PARENT/LEGAL GARDIAN SIGNATURE:  Car Insurance Carrier:  Policy Number: Expiration:  Health Insurance Carrier:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	Address:	
If I cannot be reached at the above number, please contact on my behalf:  Name: Phone:  Please list relationship to child: (Grandparent, etc.)  I, (parent, legal Guardian) give my permission for emergency diagnosis and treatment of my child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.  Family Doctor is: Phone:  PARENT/LEGAL GARDIAN SIGNATURE:  Car Insurance Carrier:  Policy Number: Expiration:  Health Insurance Carrier:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	Parent/Legal Guardian Name(s):	
If I cannot be reached at the above number, please contact on my behalf:  Name: Phone:  Please list relationship to child: (Grandparent, etc.)  I, (parent, legal Guardian) give my permission for emergency diagnosis and treatment of my child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.  Family Doctor is: Phone:  PARENT/LEGAL GARDIAN SIGNATURE:  Car Insurance Carrier:  Policy Number: Expiration:  Health Insurance Carrier:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children for both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	Phone:	Email:
Name: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: (Grandparent, etc.)  I, (parent, legal Guardian) give my permission for emergency diagnosis and treatment of my child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.  Family Doctor is: Phone: P	(home/cell)	
Please list relationship to child:  (Grandparent, etc.)  I, (parent, legal Guardian) give my permission for emergency diagnosis and treatment of my child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.  Family Doctor is:  Phone:  PARENT/LEGAL GARDIAN SIGNATURE:  Car Insurance Carrier:  Policy Number:  Expiration:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name:  Age:  Age:  Age:  Carenty legal Guardian) give my permission for emergency diagnosis and treatment of my child submitted to my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.	If I cannot be reached at the above num	nber, please contact on my behalf:
I, (parent, legal Guardian) give my permission for emergency diagnosis and treatment of my child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.  Family Doctor is: Phone:  PARENT/LEGAL GARDIAN SIGNATURE:  Car Insurance Carrier:  Policy Number: Expiration:  Health Insurance Carrier:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	Name:	Phone:
I, (parent, legal Guardian) give my permission for emergency diagnosis and treatment of my child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.  Family Doctor is: Phone:  PARENT/LEGAL GARDIAN SIGNATURE:  Car Insurance Carrier:  Policy Number: Expiration:  Health Insurance Carrier:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	Please list relationship to child:	
child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.  Family Doctor is: Phone:  PARENT/LEGAL GARDIAN SIGNATURE:  Car Insurance Carrier:  Policy Number: Expiration:  Policy Number: Expiration:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	(Grandpa	arent, etc.)
PARENT/LEGAL GARDIAN SIGNATURE:  Car Insurance Carrier:  Policy Number:  Expiration:  Policy Number:  Expiration:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name:  Age:  Age:  Age:	child. If such treatment is felt appropriately	priate by the coach or Harleysville Eagles personnel.
Car Insurance Carrier: Expiration: Expiration: Health Insurance Carrier: Expiration: Policy Number: Expiration: Expiration: Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	Family Doctor is:	Phone:
Policy Number: Expiration:  Health Insurance Carrier:  Policy Number: Expiration:  Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	PARENT/LEGAL GARDIAN SIGNAT	URE:
Health Insurance Carrier: Expiration: Expiration: Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	Car Insurance Carrier:	
Policy Number: Expiration: Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:	Policy Number:	Expiration:
Photo Consent  I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name:Age:	Health Insurance Carrier:	
I, (parent/legal guardian), give HEYA permission to display pictures of my child/children fo both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name:Age:	Policy Number:	Expiration:
both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.  Child's Name: Age:		Photo Consent
	both use on their website, social media i local news for marketing purposes. I u become the property of HEYA. I do not	ncluding but not limited to Facebook and/or to submit to nderstand all pictures of my child submitted to HEYA
Parent Signature: Date:	Child's Name:	Age:
	Parent Signature:	Date: