



www.futurestarsgame.com

125 E. Trinity Place #212 Decatur, Ga
30030

MEDICAL EMERGENCY FORM

Player Name: _____

Emergency Contact: _____

Emergency Phone: _____

Insurance Info: _____

Known Medical Conditions: _____

Emergency Instructions: _____

I, _____, parent of the above mentioned participant give my consent to Future Stars Corp to provide for any and all medical or dental attention to be administered to my child in the event of an accidental injury or illness until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and any other procedure under the recommendation of qualified medical personnel.

Signature _____

Date _____