

**EMERGENCY INFORMATION RELEASE  
and MEDICAL TREATMENT CONSENT FORM**

I, the Parent/Guardian of \_\_\_\_\_, give my permission for the Christian Home Educators of Cochise County (CHECC) COACH or ASSISTANT COACH to sign any and all consent forms for medical treatment for my minor child in the event of my absence for the extent of the 2009-10 volleyball, basketball, and or soccer seasons.

<b>If Insured</b>	<b>If Not Insured</b>
Name of Insurance Co.	Name of Child:
Policy number  (if military, sponsors SSN or AHCCCS Number)	Complete Address
Address of Ins. Co.	
Phone number of Insurance Co.	Phone Number
Signature of parent or Guardian /Date Please print name below signature	Signature of parent or Guardian/Date Please print name below signature

***Please supply a photocopy of the following:***  
**UPDATED SHOT RECORD & MEDICAL CARD**

The forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.  
My commission expires: \_\_\_\_\_.  
Notary Public: \_\_\_\_\_.