

NEWFIELD GOLF GROUP INC.

MEDICAL CONSENT FORM

GENERAL INFORMATION

Athlete's Last Name: _____ First: _____ DOB: _____

Address: _____ Phone: _____

City, State & Zip: _____

EMERGENCY CONTACT

Name & Phone number: _____

Other contact: _____

MEDICAL INFORMATION

Family Physician: _____ Phone #: _____

MEDICAL ALERTS - Please supply any other pertinent behavior or medical information, such as allergies, medications, or pre-existing conditions:

Drug Allergies _____ Bee Sting Allergy _____ Epi Pen _____

Food/Nut allergies: _____ Current Medication: _____

Asthma/Inhaler _____

Other: _____

PARENTS MEDICAL CONSENT STATEMENT:

By my signature and in my absence, I authorize and hereby grant permission to any Newfield Golf Group Inc. counselor and/or golf professionals, approved staff member and/or any hospital as agent(s) for the undersigned to consent, in advance of any specific diagnosis, to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is rendered under the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment rendered at the office of said physician or a said hospital.

1. I authorize any medical assistance that may be required for the above mentioned child during my absence.
2. I hereby give permission for the images of my child, captured during regular and special activities through video, photo, and digital camera to be used solely for the purpose of the Sterling Farms promotional materials and publications, and waive any rights of compensation or ownership thereto.
3. Sterling Farms any of the Newfield Golf Group Inc staff are not responsible for providing supervision outside the hours of the program signed up for.

Parent / Guardian Signature _____ **Date** _____