

**PLEASE HAVE NOTARIZED**

**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 20\_\_/20\_\_ volleyball, basketball, and or soccer seasons.

<b>If Insured</b>	<b>If <i>NOT</i> Insured</b>
Name of Insurance Co.	Name of Child
Policy Number	Complete Address
(if military, sponsors SSN or AHCCCS Number)	
Address of Insurance Co.	Phone Number
Phone number of Insurance Co.	
Signature of Parent or Guardian	Signature of Parent or Guardian
Print name of Parent or Guardian	Print Name of Parent or Guardian
Date	Date

*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: \_\_\_\_\_.