

We, _____, (Parents) hereby give permission for any and all medical and/or dental attention to be administered to our child _____ in the event of accident, injury, sickness, etc., under the direction of the bearer of this letter (representative of the Colorado Titans Basketball Club, until such time as we may be contacted. We also assume the responsibility for the payment of any such treatment.

PARENTS: _____ HOME PHONE: _____

ADDRESS: _____

ADDITIONAL CONTACT NUMBERS: _____

CHILD'S NAME _____ DOB: _____

KNOWN ALLERGIES: _____

MEDICAL/DENTAL CONDITIONS: _____

MEDICATIONS: _____

PRIMARY INSURANCE COMPANY: _____ PHONE: _____

BILLING ADDRESS: _____

POLICY HOLDER: _____

ID #: _____ GROUP NUMBER: _____ PLAN CODE: _____

SECONDARY INSURANCE COMPANY: _____ PHONE: _____

BILLING ADDRESS: _____

POLICY HOLDER: _____

ID #: _____ GROUP NUMBER: _____ PLAN CODE: _____

PRESCRIPTION DRUG CO: _____ PHONE: _____

BILLING ADDRESS: _____

POLICY HOLDER: _____

ID#: _____ GROUP NUMBER: _____ PLAN CODE: _____

DENTAL INSURANCE COMPANY: _____ PHONE: _____

BILLING ADDRESS: _____

POLICY HOLDER: _____

ID#: _____ GROUP NUMBER: _____ PLAN CODE: _____

PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

DENTIST: _____ PHONE: _____

ADDRESS: _____

SIGNATURE (Parents) _____

Name

Name

DATE _____

PLEASE PROVIDE A COPY OF BOTH SIDE OF YOUR SON'S INSURANCE CARD