



GENESIS
HOCKEY

Medical Consent

I understand that in the event of my child requiring medical attention all reasonable efforts will be made to contact me (or the Alternative Emergency Contact if I am uncontactable) at the contact numbers provided on the registration form.

In the event of my child being taken ill or injured, I hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I cannot be contacted for the purposes of giving consent at the time of treatment.

I hereby authorise the manager or coach to communicate our consent to any treating medical/ dental practitioner.