

Please list any medication your child is currently taking:

Remarks or additional information concerning your child's health:



I hereby certify that all the medical history I have provided is accurate and complete to the best of my knowledge. I hereby grant permission of my child to participate in The **Ohio Gators** Basketball Corporation and to receive medical treatment, if needed, by a licensed physician at the Toledo Hospital or the hospital in the city The **Ohio Gators** Basketball Corporation is visiting. I also grant permission for The **Ohio Gators** Basketball Corporation staff to arrange for transport of my child to a local hospital for treatment if such transport is deemed by them to be in the best interest of my child's welfare.

Custodial Parent or Guardian(Print) (Signature) Date

Custodial Parent or Guardian(Print) (Signature) Date

In case of an emergency, please contact:

Name Phone

Relationship

Name Phone

Relationship