

The Douglas Brothers Foundation, Inc.

7193 Jonesboro Road, Suite 202A
Morrow, Georgia 30260
770-960-7770



Insurance Consent Form

Insurance Information

Player's Name: _____

Does parent/s have medical insurance? Circle One: Yes No

If yes, please list the name, address and phone number of the insurance carrier:

Name of Insured Member: _____

Relationship to Player: _____

Insurance Company: _____

Insurance Company Address: _____

City: _____ State: _____ Zip: _____

Insurance Company Phone #: _____

Policy /Group Number: _____

Please list medical history, allergies, injuries and medications that concern your child. You may also attach a copy of the required school physical for the current school year.

YOU MUST RETURN THIS FORM BEFORE YOUR CHILD CAN PARTICIPATE.

You may mail this completed form to the address above. *Thank you.*