---EMERGENCY MEDICAL AUTHORIZATION---

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for players who become ill or injured while under coaches authority when parents or guardians cannot be reached. THIS FORM MUST BE FILLED OUT IN INK EACH SCHOOL YEAR!

Player's Name________________________________ Sport_____________ Grade_________

Address____
(Street) (City) (State) (Zip)

Phone_________________________________ Birthday_______________________________

Father____
(Name) (Employer) (Phone)

Mother____
(Name) (Employer) (Phone)

Guardian____
(Name) (Employer) (Phone)

Dependable relative or neighbor to call in an emergency (illness or injury) when parent or guardian cannot be reached__________________________________
(Name) (Phone)

Allergies_____________________________ Date of last tetanus shot_________

Medication being taken____
(Name) (Dosage) (Time(s) taken)

List of health problems. For example: asthma, vision, epilepsy, diabetes, hearing, bone or muscle problems, etc. _____________________________________
____

Medical Insurance Firm _______________________ Policy # _______________________

PART I OR II MUST BE COMPLETED

Part I - To Grant Consent. If unable to reach parent or guardians, I hereby give my consent for 1) the administration of any treatment deemed necessary by__________________ or _________________ in the event that the designated
(Physician) (Dentist)
practitioner is not available another licensed physician or dentist and 2) the transfer of the player to _________________________ or any hospital reasonably accessible. (Hospital)

This authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists concurring in the surgery are obtained prior to the performance of such surgery.

_______________ ____
(Date) (signature of parent or guardian)

PART II - REFUSAL TO CONSENT. I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish team authorities to take no action or to:_______
____

____________________ ____
(date) (signature of parent or guardian)