

AUTHORIZATION FOR EMERGENCY TREATMENT

A player cannot practice or play without submitting completed form to his/her Coach,
unless the parent/guardian is present at all practices and games.

Coaches are responsible for maintaining this consent form.

Please carry with you to practices and to games

I, _____, hereby authorize any physician and/or any
(parent or guardian)
member of the Medical Staff of any emergency medical facility requested by the physician, to
medical treatment, which in his/her judgment may be deemed necessary in the care of

(name of player)

Child's Allergies (if any) _____

Child's Dr. _____ Telephone No. (____) _____

Family Dr. _____ Telephone No. (____) _____

Child's Dentist _____ Telephone No. (____) _____

Medicines Child is Taking _____

Last Tetanus Shot _____

Outstanding Medical History (ex. Diabetes, Heart Disease, etc.) _____

INSURANCE INFORMATION

Insurance Company _____

Identification/Policy No. _____

Subscriber's Name _____

Subscriber's Place of Employment _____

Subscriber's Telephone No. (____) _____

Signature (Parent or Guardian)

Date

Printed Name of Person Signing Above