

# 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