

MEDICAL TREATMENT CONSENT

Print Name of Participant/Child: _____

Date of Birth: _____

Division: _____

I (the undersigned), as the Parent or Legal Guardian of the child shown above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention. I further acknowledge that on occasion the coaches and staff of Alliance Youth Sports Association (AYSA), Local Area Staff, and available medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the (Club Name) _____ - to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel. In so doing, I assume responsibility for the expenses of any such care not covered by my insurance.

Signature of Parent or Legal Guardian

Date

Medical Insurance Carrier

Group #

Name of Insured

Member #

1. Please list any health problems that might be significant to a physician evaluating your child in an emergency.

2. Please list any allergies to medications, etc.

3. Has the participant/child been prescribed an inhaler or epipen? YES NO

4. Is the participant/child currently taking any medication? YES NO If yes, list type and dose of medication. _____

EMERGENCY AUTHORIZATION – In the event that I cannot be reached in an emergency, I hereby give permission to the physicians selected by the coaches to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the participant/child named above. I certify that all information is correct.

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email Address _____

Signature of Parent or Legal Guardian

Date

**Emergency Permission Form may be reproduced to travel with the respective teams and is acceptable for emergency treatment, if needed.*