

# PHBSA

## EMERGENCY MEDICAL AUTHORIZATION, MEDIA, AND CONDUCT FORM

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

**Purpose .. To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under PHBSA authority, when parents or guardians cannot be reached.**

### Residential Parent or Guardian Information

First Contact's Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Second Contact's Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### PART I: TO GRANT CONSENT

**I hereby give consent for the following medical care providers and local hospital to be called:**

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Medical Specialist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Local Hospital: \_\_\_\_\_ Emergency Room Phone: (\_\_\_\_) \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### PART II: REFUSAL TO CONSENT

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### **MEDIA RELEASE**

- I grant permission to PHBSA to use my child's name, photograph, or recording in its media releases (including newspaper articles; presentations and/or web pages.)  
 I deny

### CONDUCT AGREEMENT

At the discretion of the presidents of all the participating associations, the following zero tolerance policy will be in force. Any verbal or physical demonstration against any umpiring decision will result in the immediate ejection of the offender without a warning. Managers, coaches, players, and parents will conduct themselves in a proper manner. There shall be no use of profanity, alcohol, drugs, or any tobacco use at any field. This includes the designated fan area. If a fan, player, or coach fails to leave after being ejected, the game shall be forfeited to the opposing team. Prior to each game, each manager will verbally remind all team personnel, parents, and spectators of this policy.

1<sup>st</sup> Offense – 3 game suspension

2<sup>nd</sup> Offense- Suspense for remainder of season – 6 game minimum including tournament games

3<sup>rd</sup> Offense – Permanent suspension from all PHBSA games and events

Player's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

By signing this agreement, all family and friends in attendance for above player will be held to this agreement.