

Emergency Medical Authorization Form

-- Please return to coach immediately --



Player Name _____

Address _____

Telephone _____

Mother's Name _____

Father's Name _____

Home Phone # _____

Home Phone # _____

Cell Phone # _____

Cell Phone # _____

Emergency Contact – if parents can not be reached

Contact Name _____

Home Phone # _____

Relation _____

Cell Phone # _____

Part I or II Must Be Completed

Part I – to grant Consent

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

Doctor _____ Phone _____

Preferred Hospital

Dentist _____ 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 above-named doctor, 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 reasonably accessible. This authorization does not cover major surgery unless the medical opinions of the two licensed physicians or dentist, concurring in the necessity for such surgery is 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 (use back side if necessary):

Signature of Parent/Guardian _____ Date _____

Address _____

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 the coach to take the following action:

Signature of Parent/Guardian _____ Date _____

Address _____