

Medical Treatment Authorization Form

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Cell Phone #: () _____ - _____

Home Phone #: () _____ - _____

Family Physician: _____ Phone #: () _____ - _____

Dates during which release is granted: From _____ To _____

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

Other person to contact in case of emergency: _____

Relationship to child _____

Cell Phone #: () _____ - _____

Home Phone #: () _____ - _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature _____ Date: _____

Keep this form on file in your first aid kit for each athlete