

**---EMERGENCY MEDICAL AUTHORIZATION---**

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for players who become ill or injured while under coaches authority when parents or guardians cannot be reached. THIS FORM MUST BE FILLED OUT IN INK EACH SCHOOL YEAR!

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parish \_\_\_\_\_ Sport \_\_\_\_\_

Mother's Name/cell phone/email: \_\_\_\_\_

Father's Name/cell phone/email: \_\_\_\_\_

Guardian's Name/cell phone/email: \_\_\_\_\_

Dependable relative or neighbor to call in an emergency (illness or injury) when parent or guardian cannot be reached (name) \_\_\_\_\_ (phone) \_\_\_\_\_

Allergies \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Medication being taken \_\_\_\_\_  
(Name) (Dosage) (Time(s) taken)

List of health problems. Example: asthma, vision, epilepsy, diabetes, hearing, bone or muscle problems, etc.

Medical Insurance Firm \_\_\_\_\_ Policy# \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**Part I – TO GRANT CONSENT** If unable to reach parent or guardian, I hereby give my consent for 1) the administration of any treatment deemed necessary by \_\_\_\_\_ (physician) or \_\_\_\_\_ (dentist) in the event that the designated practitioner is not available another licensed physician or dentist and 2) the transfer of the player to \_\_\_\_\_ (hospital) or any hospital reasonably accessible.

This authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists concurring in the surgery are obtained prior to the performance of such surgery.

\_\_\_\_\_  
(Parent or guardian's signature & date signed)

**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 team authorities to take no action or to:

\_\_\_\_\_  
(Parent or guardian's signature & date signed)