

Player Name: _____

EMERGENCY MEDICAL AUTHORIZATION

Please complete EITHER Part I or Part II (not both)

PART I – GRANT CONSENT

In the event my child has an accident or illness during my absence which requires immediate medical attention, I authorize and consent to the transfer of my child by ambulance to _____ (preferred hospital) or any hospital reasonably accessible. In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent/guardian) at _____ (phone number) have been unsuccessful, then I hereby also give my consent for the administration of any treatment deemed necessary by my child’s physician, Dr. _____ or my child’s dentist, Dr. _____, or if such designated practitioners are not available, then by another licensed physician or dentist.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to the performance of such surgery. Facts concerning my child’s medical history including allergies, medications being taken and any physical or mental impairments to which a physician or dentist should be alerted:

Date: _____

Signature of Parent or Legal Guardian

PART II – REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment to my child. In the event of illness or injury requiring emergency treatment, I request no action be taken or that the following action be taken:

Date: _____

Signature of Parent or Legal Guardian