

**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*