

**SPRINGFIELD YOUTH CLUB FOOTBALL
AUTHORIZATION FOR EMERGENCY TREATMENT**

I, _____, authorize any physician,
(Parent or Guardian)

in the case of an emergency, to render medical treatment, which in his/her judgment may be deemed necessary in the care of _____.
(Player)

PLAYER'S MEDICAL INFORMATION

Name of Physician _____

Physician's telephone number _____

Allergies _____

Current medications _____

Date of last physical _____

Date of last tetanus shot _____

Brief medical history (diabetes, heart disease, asthma, etc.)

MEDICAL INSURANCE INFORMATION

Insurance Company _____

Identification/Policy No. _____

Insured's Name _____

Insured's Place of Employment _____

Insured's Telephone No. _____

NOTE: Head Coaches or Team Parents are responsible for maintaining this form and making it available to medical personnel as required.

Signature _____ Date _____
(Parent or Guardian)

Telephone (H) _____ (W) _____

Cellular (Father) _____ (Mother) _____