

EMERGENCY MEDICAL INFORMATION

Name of Player: _____

Address: _____

Home Phone: _____ Parents Business Phone: _____

PURPOSE: To enable parents and guardians to authorize the provision of Emergency treatment for children who become ill or injured while under league authority, when parents or guardians cannot be reached.

CONSENT GRANT

In the event reasonable attempts to contact me have been unsuccessful. I hereby give my consent for 1) the administration of any treatment deemed necessary by a licensed physician or dentist and 2) the transfer of the child to any hospital reasonable accessible.

This authorization does not cover any major surgery UNLESS the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, and obtained PRIOR to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Additional medical history may be obtained from:

Doctor: _____ Address: _____ Phone: _____

Date Signed: _____ Signature: _____

Parent or Guardian

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 medical treatment. I wish the league authorities to TAKE NO ACTION or to:

Date Signed: _____ Signature: _____

Parent or Guardian