| Emergency Medical Authorization Form

This form is designed to enable parents / guardians to authorize the provision of emergency treatment for players who become ill or injured while under a coach's authority, and when a parent or guardian cannot be immediately reached. This form is to be kept on file at the parish, either with the Athletic Director or Sports Commissioner. A new form must be filled out each school year. An updated emergency medical form must be submitted by parents to the coach at the start of each new athletic season.

Last Name _____ First Name _____

Street Address _____ City: _____ State: _____ Zip: _____

Home Phone_____ Grade _____ Date of Birth _____

Parish_____ , Year _____ , Boy_____ / Girl _____ , Sport _____

Medical Insurance: Policy Number #_____

Name - Mother: _____ Name - Father: _____

Cell - Mother: _____ Cell - Father: _____

E-mail - Mother: _____ E-mail - Father: _____

Additional Emergency Contact:

Name _____ , Direct Phone _____ , Connection _____

Allergies? Notable Medical Issues? (i.e., Asthma, Vision, Epilepsy, Diabetes, etc.)

Prescribed Medication? Name, Dosage and when to administer?

PART I or II MUST BE COMPLETED

I. **TO GRANT CONSENT:**

If unable to reach, I hereby give pre-consent for the administration of any treatment deemed necessary by _____ (physician) and/or _____ (dentist). If the designated practitioner is not available, another licensed physician or dentist is permitted to administer treatment. I also permit the transfer of my child to (hospital) _____ or any hospital reasonably accessible.

Note: *This authorization does not cover surgery unless the medical options of two other licensed physicians or dentist concurring in the surgery are obtained prior to the performance of such surgery.*

_____

Parent or Guardian Date

II. REFUSAL TO CONSENT:

I DO NOT give consent for emergency medical treatment of my child. In the event emergency treatment is required, I ask that NO action be taken or to: _____.

_____

Parent or Guardian Date