

# EMERGENCY MEDICAL AUTHORIZATION

Player Name \_\_\_\_\_ Team Name \_\_\_\_\_  
Address \_\_\_\_\_ Subscriber Employer \_\_\_\_\_  
Telephone \_\_\_\_\_ Subscriber Number \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

***Purpose**—To enable parents to authorize emergency treatment for children who become ill or injured at SAY practices or games, when parents cannot be reached.*

## **PART I OR PART II MUST BE COMPLETED**

### **PART I—TO GRANT CONSENT**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent) at \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) or Dr. \_\_\_\_\_ (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

\_\_\_\_\_  
This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

## **DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

### **PART II—REFUSAL TO GRANT CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the SAY authorities to take no action or to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address