

Authorization for Medical Treatment of Minors

If your child needs medical, dental, health, or hospital services, you as a parent must give permission. It's the law. You can prepare for unexpected care your children might need when you are away from home. To do this, make sure your child's coach/advisor knows how to reach you at all times. When you know you will be hard to reach, you can give permission to other adults. Fill out this form carefully.

After you complete this form, give it to the adult(s) you have named to act on your behalf. In most cases, these individuals will be the coaches of each respective team. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person, EMT, physician, dentist or hospital representative.

Names of Minors	Birthdates	Identify Allergies or Special Conditions

I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

Coaches Name & Address:
Coaches Name & Address:

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above names minor(s) during the period of my/our absence, from:

--

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

Parent/Guardian		Parent/Guardian	
Name	Name	Name	Name
Address	Address	Address	Address
Home Phone	Home Phone	Home Phone	Home Phone
Cell Phone	Cell Phone	Cell Phone	Cell Phone
Work Phone	Work Phone	Work Phone	Work Phone
Emergency Contact		Emergency Contact	
Name	Name	Name	Name
Address	Phone	Address	Phone

Hospitalization coverage for above minor(s):

Insurance Co. or Government Program	I.D. or Contract Number
-------------------------------------	-------------------------

Family Physicians:

Name & Phone Number(s)

Parent/Guardian Signature _____ Date: _____