

Authorization for Medical Care of a Minor

I, _____, (Parent or Guardian)
(Print)

the undersigned parent or person having legal custody or being the legal guardian of _____ (minor) do hereby authorize _____ or any Acers Fastpitch Coach to consent to any emergency transportation, emergency care or treatment, x-ray examination, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the states of Washington, Utah, Oregon, California, Idaho, Montana, Colorado, Hawaii or Arizona and the province of British Columbia, Canada.

In giving this consent, I recognize and understand that in situations where the above named minor requires immediate medical or hospital care, it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment. In such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and chose the necessary treatment from any available alternatives and to render such care and perform such treatment as he, in his professional judgment, determines to be necessary for the health and safety of the above named minor.

(Signature) _____ (Date) _____ Phone, (H) _____ (W) _____

Treatment Information _____

Medical Problems _____

Insurance Co. & # _____

Allergies _____

Last Tetanus shot _____

Minor's Birth date _____

Minor's Doctor & phone _____

