



## MEDICAL AUTHORIZATION For treatment of minors

If your child needs medical, dental, health or hospital services, under the law, you as parent/legal guardian must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding treatment of your child. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person/physician, dentist or hospital representative.

When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines that the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay, which would increase the risk to the child's life or health.

Participant:	Home Phone:	
Address:	City:	Zip:
Parents:	Cell Phone(s):	
Insurance Company:	Insurance Policy #:	
Emergency Contact:	Emergency Contact's Phone:	
Player's Doctor:	Doctor's Phone:	
Known Allergies:	Medications being taken:	
Date of last tetanus shot:	Special conditions:	

1. \_\_\_\_\_
2. \_\_\_\_\_
3. *An OSAA Coach or Board Member*

The individual(s) listed above have my permission to authorize medical treatment of the above named minor in my absence.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

*Permission for treatment expires one year from above date*