

# South Range Little Raiders

## EMERGENCY MEDICAL AUTHORIZATION FORM

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home or Cell Phone

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for players and cheerleaders who become ill or injured while under the league authority, when parents or guardians cannot be reached.

### PART I OR II MUST BE COMPLETED

#### PART I: GRANT CONSENT

*In the event reasonable attempts to contact me/us:*

Home Phone \_\_\_\_\_ Order to Call \_\_\_\_  
Mother's Work/Cell Phone \_\_\_\_\_ Order to Call \_\_\_\_  
Father's Work/Cell Phone \_\_\_\_\_ Order to Call \_\_\_\_  
Neighbor or Alternate Phone \_\_\_\_\_ Order to Call \_\_\_\_  
Caregiver or Alternate Phone \_\_\_\_\_ Order to Call \_\_\_\_

*If all of these attempts have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:*

Preferred Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event the designated preferred practitioner is not available, then treatment by another licensed physician or dentist is granted. In the event that the preferred hospital is not accessible, then the nearest accessible hospital is preferred. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted to:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

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

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#### PART II: REFUSAL TO 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 league authorities to take no action or to:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian