

# EMERGENCY MEDICAL TREATMENT

I, \_\_\_\_\_, grant permission to \_\_\_\_\_  
who is the coach of the \_\_\_\_\_ team to seek emergency medical  
treatment for my (son) (daughter) \_\_\_\_\_ in the case of an injury  
sustained while participating with the \_\_\_\_\_ team.  
This permission is valid only during the current \_\_\_\_\_ season.

Family Doctor's Name \_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_

Doctor's Telephone Number \_\_\_\_\_  
Parent/Guardian's Printed Name \_\_\_\_\_

Preferred Hospital for Treatment \_\_\_\_\_  
Parent/Guardian's Address \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_  
Parent/Guardian's Telephone Number \_\_\_\_\_

Emergency Contact Name & Number If Parent/Guardian can't be reached \_\_\_\_\_

Date \_\_\_\_\_