



EMERGENCY MEDICAL ATTENTION AUTHORIZATION FORM

Player Name:

Height:

Weight:

Date of Birth:

Please list any other information such as allergies, sensitivity to particular drugs, diabetic condition, etc.:

AUTHORIZATION

This Authorization Form will allow immediate medical or surgical treatment to be given to a player who is injured or stricken by illness during and excursion or any activity sponsored by the East Bay Rising Suns. Signing this form would expedite medical care in the event your child is injured or becomes ill at an event. It is understood that in all cases, the leaders will attempt to secure the advice of the parent or guardian by telephone before using the authorization given by this form, which will be carried by the leader at all functions in which the child is involved.

Permission is hereby given to the adult leader, or one of the adult leaders, to authorize by his or her signature whatever medical or surgical treatment that may be deemed necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency which may occur on an excursion or during any other activity sponsored by the East Bay Rising Suns.

Parent Signature

Date

Parent Signature

Date

If parents or guardian cannot be reached, please call:

Name

Relationship

Phone

Pager

Cell Phone

Name

Relationship

Phone

Pager

Cell Phone
