

Medical Treatment Authorization Form

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # () _____

Evening Phone # () _____

Family Physician: _____ Phone # () _____

Dates during which release is granted: From _____ To: _____

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

Other person to contact in case of emergency: _____

Relationship to Child: _____

Daytime Phone # () _____

Evening Phone # () _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature: _____ Notarized by: _____

Date: _____

Keep this form on file in your first aid kit for each athlete

The Rutgers S.A.F.E.T.Y. Clinic
Sports Awareness for Educating Today's Youth™