

NORTHWEST FOOTBALL LEAGUE EMERGENCY MEDICAL AUTHORIZATION

PARTICIPANT'S NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NOS. _____

(in case of emergency)

INITIAL

PART I OR PART II MUST BE COMPLETED

PART I- TO GRANT CONSENT

***IN THE EVENT, REASONABLE ATTEMPTS TO CONTACT ME AT _____ (phone no.)
OR _____ (other parent or guardian) AT _____ (phone no.) HAVE
BEEN UNSUCCESSFUL; I HEREBY GIVE MY CONSENT FOR-***

1) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY

***DR. _____ (preferred physician) _____ (phone) OR BY
DR. _____ (preferred dentist) AT _____ (phone)***

***OR IN THE EVENT THE DESIGNATED PREFERRED PRACTITIONER IS NOT AVAILABLE, BY
ANOTHER LICENSED PHYSICIAN OR DENTIST.***

***2) THE TRANSFER OF THE CHILD TO _____ (preferred hospital)
OR ANY HOSPITAL REASONABLY ACCESSIBLE.***

***THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF
TWO OTHER LICENSED PHYSICIANS OR DENTIST, CONCURRING AS TO THE NECESSITY OF SUCH
SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.***

INITIAL

PART II-REFUSAL OF CONSENT

(DO NOT COMPLETE PART II, IF YOU COMPLETED PART I)

***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
HILLIARD OPTIMIST CLUB AUTHORITIES TO TAKE NO ACTION OR-***

SIGNATURE OF PARENT OR GUARDIAN

WITNESS _____

DATE _____