



Dear Parents,

~~Please fill out the following page and return to your child's coach.~~
This form will be kept by the coach. The coach will have this form with him or her at all events in which your child is responsible to him or her. In the event of an emergency this form will be used to help the coach contact you first. In the event that you can not be reached the coach will contact the person(s) you have noted on this form. If your child is in need of medical treatment and no one on this form can be reached, the coach may authorize treatment **only** if this form is notarized. Please have this form witnessed and notarized so as the coach will be able to authorize medical treatment for your child in the event no one else on this form can be contacted.

Name of child _____
Name of mother _____ work phone # _____
Name of father _____ work phone # _____
Address _____
Home Phone # _____
Specific medical problems coach should be aware of: _____

Family Doctor _____ Phone # _____
Emergency contacts other than parents. (Relatives may be able to authorize medical treatment; neighbors and friends can not.)

(Please read the above paragraph before having the following notarized)

As a parent and/or guardian of the above mentioned child, I authorize the treatment by a qualified and licensed doctor in the event of a medical emergency which, in the opinion of the attending doctor, may endanger his or her life, cause disfigurement or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me or other relatives noted above.
This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Name of parent/guardian _____
Signature _____

Notarized by: _____
Date: _____