



NVGSA 2013 Softball Medical Information Form

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of sickness, accident, or injury, I hereby give permission for my daughter to have administered to her whatever treatment the attending doctor, nurse, or medical technician deems necessary.

My daughter has the following medical conditions or allergies to be noted in case of sickness, accident, or injury (if none, please circle the word "NONE"):

NONE

(E.g. asthma, diabetes, allergy to specific drugs, hyper reaction to bee stings, easy bleeder)

<u>FULL NAME OF CHILD</u>	<u>Date of Birth:</u> / /
<u>CHILD'S DOCTOR:</u> <u>ADDRESS:</u>	<u>PHONE</u> ()
<u>CHILD'S DENTIST:</u> <u>ADDRESS:</u>	<u>PHONE</u> ()
<u>INSURANCE COMPANY:</u> <u>POLICY NUMBER:</u>	<u>PHONE</u> ()
<u>Other Emergency Contacts (cell phones, work phones, etc.)</u>	<u>PHONE</u> ()

NOTICE: The Northern Virginia Girls Softball Association carries a limited amount of medical expense reimbursement insurance for treatment for injuries of players, coaches and other individuals occurring while engaged in Association activities. This insurance is "excess coverage" and becomes available after the individual's personal or group insurance has been utilized. The undersigned agree(s) not to hold the NVGSA, Board members, or coaches liable for any injuries sustained.

Full Name of Parent(s) or Guardian (Please PRINT)	Signature (one parent or guardian is required)	Date
1.		/ /
2.	_____	/ /

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