

MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, _____, hereby grant Park Girls Lacrosse and _____, the authority to obtain medical treatment for the following child(ren):

Name of Child: _____
Birthdate: _____

The above care provider(s) are authorized to:

- obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.
- obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.).

This grant of temporary authority shall begin on _____, and shall remain effective through _____.

In case of an emergency, the care provider(s) should first try to contact the parent(s). If the parent (s) cannot be reached, the care provider should then contact the following person(s) in the order listed below:

Name: _____
Relationship to Child: _____
Preferred Phone Number: _____
Alternate Phone Number: _____

If the child(ren) become ill, the care provider(s) will first try to contact the parent(s). If the parent (s) cannot be reached, the care provider should contact the following physician:

Name of Physician: _____
Phone Number: _____

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

Insurance Company: _____
Policy Number: _____
Name of Policy Holder: _____

Dated: _____

Signature

Parent Address: _____
_____, MO _____

Preferred Phone Number: _____

Alternate Phone Number: _____

STATE OF _____, ss: COUNTY OF _____, ss:

Notary Public

Title (and Rank)

My commission expires _____