

# **AUTHORIZATION FOR MEDICAL TREATMENT**

## **PLEASE NOTE: THIS FORM STAYS WITH THE TEAM MANAGER**

It is not necessary to submit this form at registration.

Please have notarized for Emergency Care Authorization, and submit to manager.

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ (Parent/Legal Guardian) authorize the representative of the Carrollton Farmers Branch Girls Softball League bearing this document to act on my behalf in case my child \_\_\_\_\_ requires emergency medical or surgical care, provided said representative makes a diligent effort to first contact me and obtain my preferences. If such efforts to contact me are unsuccessful, I authorize said representative to take such action on my behalf as his/her judgment dictates.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Before me the undersigned authority on this day personally appeared \_\_\_\_\_, known to be the person whose name is subscribed to the foregoing instrument, and acknowledges to me that he/she executed the same for the purposes and considerations therein expressed and in the capacity therein stated.

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_.

Notary Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas

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Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies and/or special medical conditions: \_\_\_\_\_

### ***Parent/Guardian Contact Information***

Parent/Guardian First Contact: \_\_\_\_\_ Home Number: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's Work: \_\_\_\_\_

### ***Local emergency contacts***

Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_ Phone: \_\_\_\_\_