



Gainesville Haymarket Youth Football League

7371 Atlas Walk Way, #174

Gainesville, VA 20155

www.grizzlyfootball.org



AUTHORIZATION FOR EMERGENCY TREATMENT

I, _____ (Parent or Guardian), authorize any physician, in the case of an emergency, to render medical treatment, which in his/her judgment may be deemed necessary in the care of _____ (Child).

CHILD’S MEDICAL INFORMATION

Allergies: _____

Physician Name: _____ Telephone Number: _____

Current Medications: _____

Date of Last Tetanus Shot: _____

Date of Last Physical: _____

Outstanding Medical History (e.g., diabetes, heart disease, asthma, etc.)

INSURANCE INFORMATION

Insurance Company: _____

Identification/Policy Number: _____

Subscriber’s Name: _____

Subscriber’s Place of Employment: _____

Subscriber’s Telephone Number: _____

Note: Coache(s) are responsible for maintaining this consent form and have available at all games and practice events as it cannot be maintained by the hospital.

Signature: _____

(Parent or Guardian)

Date: _____