

VOORHEES JR. VIKINGS FOOTBALL

Medical Treatment Authorization Form

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor or EMT in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parents/Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother Daytime Phone: _____ Mother Cell Phone: _____

Mother Evening Phone: _____ Mother Other Phone: _____

Father Daytime Phone: _____ Father Cell Phone: _____

Father Evening Phone: _____ Father Other Phone: _____

.....
Family Physician: _____ Phone: _____

Dates during which release is granted: _____

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

.....
Other person to contact in case of emergency: _____

Relationship to child: _____ Day Phone #: _____

Evening Phone #: _____ Cell Phone #: _____

.....
This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature: _____ Date: _____

Printed Name: _____