

# TUSLAW JUNIOR BASEBALL ASSOCIATION

## EMERGENCY MEDICAL AUTHORIZATION

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STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

COACH: \_\_\_\_\_



**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Tuslaw Junior Baseball Association when parents or guardians can not be reached.

### PART I OR II MUST BE COMPLETED

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#### PART I TO GRANT CONSENT

In the event reasonable attempts to contact me at (phone number) \_\_\_\_\_ or (other parent or guardian name) \_\_\_\_\_ at (phone number) \_\_\_\_\_ have been unsuccessful. I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ at phone #: \_\_\_\_\_ (preferred physician and phone #) or Dr. \_\_\_\_\_ at phone #: \_\_\_\_\_ (preferred dentist and phone #), or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ at phone #: \_\_\_\_\_ (preferred hospital and phone #) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

### DO NOT COMPLETE PART II IF YOU COMPLETED PART I

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#### PART II REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment I authorize the Tuslaw Junior Baseball Association or its designee to take no action.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address