

**TUSLAW JUNIOR BASEBALL ASSOCIATION
EMERGENCY MEDICAL AUTHORIZATION**

STUDENT NAME: _____ PHONE NUMBER: _____
DATE OF BIRTH: _____ COACH: _____
ADDRESS: _____ (to be filled out by TJBA official)

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 cannot be reached.

PART I OR II MUST BE COMPLETED

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. _____ (preferred physician) or Dr. _____ (preferred dentist), 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 _____ (preferred hospital) 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

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 with the **TUSLAW JUNIOR BASEBALL ASSOCIATION** to take no action to:

Date

Signature of Parent/Guardian

Address