

Medical Authorization Form

Date: _____

Player Name: _____

Current Team: _____

Grant of Consent: Part 1

In the event, reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for:

- 1) The administration of any treatment deemed necessary by preferred doctor/dentist or in the event designated doctor/dentist is not available, by another licensed physician or dentist.
- 2) The transfer of the child to preferred hospital or any hospital reasonably accessible.

Preferred Doctor:

Preferred Dentist:

Parent/Guardian Signature:

Refusal of Consent: Part 2 *** (Do not complete if part 1 is completed) ***

I **DO NOT** give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Columbia Girls Fast Pitch to take no action or to perform the following actions:

Actions to be performed:

Parent/Guardian Signature:

