

# BUX-MONT YOUTH FOOTBALL LEAGUE

## Emergency Treatment Authorization Form

To Whom It May Concern:

As a parent and/or guardian of \_\_\_\_\_, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor 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 Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ Alt. Phone: (     ) \_\_\_\_\_

Evening Phone: (     ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Coverage Information

Insurance Provider : \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer : \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Co. : \_\_\_\_\_ Policy No. : \_\_\_\_\_

The dates during which release is granted are from the beginning of the Pop Warner practice season through the end of the season.

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

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

Other person to contact in case of emergency: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_

Evening 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: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

NAME OF ASSOCIATION: \_\_\_\_\_