TUSLAW GIRLS SOFTBALL ASSOCIATION EMERGENCY MEDICAL AUTHORIZATION

STUDENT NAME:____ PHONE NUMBER:_____________

DATE OF BIRTH:_______________________ COACH:_________________(to be filled in by TGSA 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 GIRLS SOFTBALL 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 GIRLS SOFTBALL ASSOCIATION to take no action to:

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________________ Date

____ Signature of Parent/Guardian

____ Address

MEDIA CONSENT

I _____________________________(parent/guardian) of__________________(child name) give my permission to the TGSA to use photos taken of my child.

____ Signature of Parent/Guardian