

EMERGENCY MEDICAL AUTHORIZATION FORM

Player Name: _____ Birth Date: _____
Grade: _____ Home Phone: _____ Cell Phone: _____
Address: _____

Person to Contact in case of an Emergency:

Name: _____ Phone: _____
Doctor: _____ Phone: _____
Hospital: _____

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

- The administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist
- The transfer of the child to any hospital reasonably accessible

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

List any facts or conditions concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Parent Signature

Date

Permission acknowledgement for Athletic Participation:

_____ has my permission to take part in the Anthony Wayne Girls Basketball Program, including practice sessions and travel from athletic contests.

We understand that every reasonable effort will be made to provide for the safety of participants, but acknowledge that, physical risks that may result in injury are present in this and any athletic activity. We also recognize the importance of proper conditioning and technique, the participants' compliance with rules, and our purpose being the safety of the participant.

I, _____, hereby waive and release Anthony Wayne Local Schools and its staff and coaches from any and all responsibility for injury or illness received by my child. I hereby claim my child physically able to participate in the AW Girls Basketball Program.

Parent Signature

Date