



Emergency Treatment Release

To Whom It May Concern:

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical physician, to the following minor in the event of a medical emergency. In the opinion of the physician, an emergency is such that may endanger his/her 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.

Personal Information

Name of Minor: _____ Birth Date: _____
(please print)

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian: _____ Date: _____
(please print)

Parent/Guardian: _____
(signature)

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In Case of Emergency Contact

Name: _____ Relationship to Minor: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Minor: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please note any illnesses/conditions the coach should be aware of (eg. asthma, diabetes etc).

