

MEDICAL INFORMATION AND AUTHORIZATION FORM

As the parent/legal guardian of the player named below, I, (print parent name) _____, request that in my absence the said player named below be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of my player herein named. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the player.

Player's Legal Name: _____ Date of Birth: _____

Address: _____

Phone: Home: _____ Mom Work: _____ Dad Work: _____

Mom Cell: _____ Dad Cell: _____

Medical Coverage: Company: _____ Policy No.: _____

Person Responsible for Charges: _____

Home Address (if different from above): _____

Information required by hospitals and doctors' offices concerning person responsible for charges:

Employer: _____ Telephone: _____

Employer's Address: _____

Player's Physician: _____ Phone: _____

Known allergies: _____ Date of Last Tetanus Booster: _____

Other medical or physical conditions which should be noted: _____

Pain reliever you prefer your player to have in the event of headaches, inflammation, etc.: _____

DATED: _____, 20____.

(Parent/Guardian's Signature)

STATE OF WASHINGTON)

: ss.

County of King)

On this _____ day of _____, 20____, personally appeared before me _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year in this certificate above written.

NOTARY PUBLIC for the State of Washington, residing at _____

My Commission Expires _____.