

# FOREST HILLS YOUTH FOOTBALL

## 2004 Medical Release

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Player or Cheerleader? \_\_\_\_\_ Team Name: \_\_\_\_\_

**Purpose:** To allow parents to authorize emergency treatment for their child should they become ill or injured while under Forest Hills Youth Football authority, when parents cannot be reached.

### **COMPLETE EITHER PART I OR PART II BELOW !!!!**

#### **PART I TO GRANT CONSENT**

If my child should become ill or injured, please contact:

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If reasonable attempts to contact those listed above are unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by:

**Preferred Physician:** Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

**Preferred Dentist:** Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that the designated preferred practitioner is not available, I hereby give consent for treatment by another licensed physician or dentist. I also give consent for the transfer of my child to the following hospital or any hospital that is reasonably accessible.

**Preferred Hospital:** \_\_\_\_\_ Phone: \_\_\_\_\_

This authorization does not cover major surgery, unless written concurrence by two licensed physicians is obtained before the surgery is performed.

Facts concerning my child's medical history including allergies, medications being taken, and any physical impairments to which a physician or dentist should be alerted:

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

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date**

#### **PART II REFUSAL TO CONSENT**

I DO NOT give my consent for emergency medical or dental treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Forest Hills Youth Football to take no action or to: \_\_\_\_\_

Please contact:

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date**