

# MEDICAL TREATMENT AUTHORIZATION FORM

*Effective for the Program Year 2019-2020*

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practice to contact them. This form will remain with the SLAM Wrestling coaches and carried by a designated SLAM Wrestling authorized member.

## **FIRST CHILD**

(Name) \_\_\_\_\_, Male/Female, born (DOB) \_\_\_\_\_

Medications currently used:

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Illnesses, medical conditions, and/or allergies:

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Note any other significant medical information:

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## **SECOND CHILD**

(Name) \_\_\_\_\_, Male/Female, born (DOB) \_\_\_\_\_

Medications currently used:

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Illnesses, medical conditions, and/or allergies:

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Note any other significant medical information:

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## **THIRD CHILD**

(Name) \_\_\_\_\_, Male/Female, born (DOB) \_\_\_\_\_

Medications currently used:

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Illnesses, medical conditions, and/or allergies:

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Note any other significant medical information:

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If the child(ren) become ill or injured, the agent will first try to contact the parent/guardian. If the parent/guardian cannot be reached, the agent should contact the following emergency contact.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary Number: \_\_\_\_\_

I grant my authorization and consent for SLAM Wrestling Coaches to administer general first aid treatment for minor injuries or illnesses experienced by the Minor(s). If the injury or illness is life threatening or in need of emergency treatment, I authorize SLAM Wrestling Coaches to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue treatment or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

This authorization is effective through the 2019-2020 SLAM Wrestling season.

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_