**Washington State FB Coaches Association TREATMENT AUTHORIZATION**

• **MEDICATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

• **ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form must be signed by your parent or legal guardian if you are under the age of 21 years. (Which you all are.)

Medical and surgical authorization: I hereby authorize and give my consent to the coaches or administration of the WSCA All-Star Classic to authorize any licensed physician to perform upon or administer to:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name of the Player)**

any reasonably necessary medical or surgical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunization, injections and minor operation and procedures.

In the event of indicated major surgery or major operation, the games authorities or physicians are not hereby excused from attempting to contact me by phone before relying on this authorization. This authorization does not entitle the service or physician to render any medical or surgical treatment without the participant’s personal consent unless the participant is unable to give consent.

This permission is good only while the participant is attending the WSCA All-Star Camp and Game.

DATE \_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION TO THE PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FILL THIS FORM OUT COMPLETELY, CLEARLY AND CORRECTLY!! RETURN BY MARCH 15, 2023 VIA EMAIL OR TO:**

**East: Greg McMillan 928 S M Loop Dr. SW Quincy, WA 98848**