

Medical Authorization Form

I, _____ as the parent/guardian of _____ do hereby authorize and grant permission for "Denver East Boys Basketball" its coaches, administrators and personnel to secure and obtain such medical treatment and/or care as might be necessary for the above named child under the supervision of "Denver East Boys Basketball." I further authorize "Denver East Boys Basketball" to administer emergency medical care and/or treatment as required until services of a medical professional can be secured. I agree to pay all cost and fees contingent upon any medical assistance that is rendered as authorized under this consent. I further request that "Denver East Boys Basketball" immediately notify me in the case of emergency. "Denver East Boys Basketball" assumes no responsibility for any injury or damages, which might result out or in connection with such authorized emergency medical treatment. I am providing the following information regarding the above-mentioned child to use in the event of an emergency:

Name of child _____

Address _____

Home Phone Number _____

Mother's Work Number _____

Father's Work Number _____

Allergies/medical conditions _____

Family Physician _____

Address _____

Phone Number _____

Emergency Contact Name _____

Address _____

Phone Number _____

Relationship to child _____

Medical Insurance _____

Name of Company _____

Name of Member _____

Policy Number _____

Group Number _____

Phone Number _____

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____