

BAC U13G Fusion

Medical Release/Authorization for Emergency Treatment

As the parent/legal guardian of _____, I request that in my absence the above-named player 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 the above minor. 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 above-named player.

Player Information: ***(Please Print Legibly)***

Date of Birth: ____/____/____ Date of last Tetanus Booster: ____/____/____

Known allergies, *including* medication: _____

Outstanding Medical History: _____

Current Medications: _____

Family Physician: _____ Phone: (____) _____

Dentist: _____ Phone: (____) _____

Name of Parent(s)/Guardian: _____

Address: _____

City/State/Zip Code: _____

Phone: [H] (____) _____ [Cell] (____) _____

Person responsible for charges (if different from above): _____

Address: _____

City/State/Zip Code: _____

Phone: (____) _____ (____) _____

Person(s) to notify if parent/guardian is unavailable: _____

Phone: (____) _____ (____) _____

Medical Insurance Subscriber's Name: _____

Subscriber's Employer: _____

Medical Insurance Company: _____

Group Number: _____ Identification Number: _____

Signature of Parent/Guardian: _____