



Flag Football Fanatics
Emergency Medical Authorization Form

PARTICIPANTS NAME _____

ADDRESS _____

CITY, STATE ZIP _____

PHONE #1 _____ PHONE #2 _____

PART I OR PART II MUST BE COMPLETED

PART I – TO GRANT CONSENT

INITIAL

In the event, reasonable attempts to contact me at _____ (phone #)
or _____ (other parent or guardian) at _____ (phone #)

Have been unsuccessful; **I HEREBY GIVE MY CONSENT FOR**

1. The administration of any treatment deemed necessary by
DR. _____ (Preferred Physician) _____
(phone#)

Or by

DR. _____ (Preferred Dentist) _____
(phone#)

Or in the event the designated preferred practitioner is not available, by another licensed Physician or Dentist.

2. The transfer of the child to _____ (Preferred Hospital)
or any hospital reasonably accessible.

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCURRING AS TO THE NECESSITY OF SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY

PART II – REFUSAL OF CONSENT

(do not complete part II if you completed part I)

INITIAL

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING EMERGENCY TREATMENT I WISH FLAG FOOTBALL FANATICS AUTHORITIES TO TAKE NO ACTION OR-

SIGNATURE OF PARENT OR GUARDIAN _____

WITNESS _____ DATE _____