

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in an Avilla Baseball / Softball Association activity and I am unavailable or otherwise unable to provide authorization directly, I do hereby grant to the Association President or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's safety.

I understand that every attempt will be made to contact me in the event that my child should be injured while participating in an Avilla Baseball / Softball Association activity. I further understand that by granting authorization to obtain emergency or necessary treatment for my child The Avilla Baseball / Softball Association, members, coaches, Avilla Park Department, or its employees, are not hereby responsible for payment for medical services provided to my child.

This authorization is valid for the current Summer Youth League season or until I withdraw the authorization.

Child's name _____
Last First Middle

Father's place of employment _____ Phone _____

Mother's place of employment _____ Phone _____

Doctor preferred _____ Phone _____
Doctor's address _____

Dentist preferred _____ Phone _____
Dentist's address _____

Insurance company _____ Insurance ID# _____

Allergies _____

Current Medications or Treatments _____

Previous operations or hospital confinements _____

Authorized _____
Parent or Guardian signature Date

Who to contact in case of emergency:

Name _____ Phone _____ Relationship _____

Dad's Cell Phone _____ Mom's Cell Phone _____