

Methacton Wolverines
Youth Football and Cheerleading Association
Bux-Mont Youth Football League
2010 Emergency Treatment Authorization Form

To Whom It May Concern:

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if I delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name, Parent/Guardian: _____

Address: _____

City, State & Zip: _____

Daytime Phone: _____ Cell Phone: _____

Evening Phone: _____

Family Physician: _____

Insurance Coverage Information:

Insurance Provider: _____ Phone: _____

Employer: _____ Phone: _____

Insurance Co: _____ Policy No. _____

The dates during which release is granted are from the beginning of the Pop Warner practice season through the end of the season.

Indicate specific medical allergies, chronic illness, or other medical conditions coaches and medical personnel should be aware of:

Other person to contact in case of an emergency: _____

Relationship to Child: _____ Daytime Phone: _____

Evening Phone: _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature: _____ Date: _____

Witnessed By: _____ Date: _____