CONFIDENTIAL
Authorization for Medical Care of a Minor

I,_____________________________ the undersigned parent or legal guardian of___________________________
Do hereby authorize Smith Athletic Association, *TO CONSENT* to any x-ray examination, surgical or dental diagnosis or treatment and hospital careto be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate or hostel care it may not be possible to contact me and that in situations I will not be able to knowledgeably evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment , in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determine to be necessary for the health and safety of the above named minor.

____ ____________________
Parent/Legal Guardian Signature Date

_____________________________________ _____________________________________
Home Phone Cell Phone

____
Address

_____________________________________ _____________________________________
In case of emergency please contact Phone

Treatment Information

_____________________________________ _____________________________________
Minor's Birth Date Minor's Doctor

_____________________________________ _____________________________________
Hospital Preference Date of Minor's last Tetanus Shot

____
Minor's Medication

____

Does your child have any known allergies or is your child allergic to any medications?______________________

If yes, please list any allergies and their reaction: ____

____

If there is anything about your child that would be helpful for the head coach to know please list below:
Examples: Fear of getting hit by baseball, getting tackled, bathroom issues etc.

____

____

____