

Lady Wildcats Youth Softball

LADY WILDCATS YOUTH SOFTBALL | CANTON SOUTH, OHIO

EMERGENCY MEDICAL AUTHORIZATION AND HOLD HARMLESS

Purpose .. To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under LWYS authority, when parents or guardians cannot be reached.

Player's Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Telephone: (_____) _____ Email: _____

Residential Parent or Guardian Information

First Contact's Name: _____ Relationship _____ Phone: _____

Second Contact's Name: _____ Relationship _____ Phone: _____

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone: (_____) _____

Dentist: _____ Phone: (_____) _____

Medical Specialist: _____ Phone: (_____) _____

Local Hospital: _____ Emergency Room Phone: (_____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

PART II: REFUSAL TO CONSENT (Only sign if you are refusing consent)

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish to have the coach(s) to take the following action:

Date: _____ Signature of Parent/Guardian: _____

HOLD HARMLESS: I, the parent or legal guardian of the above named player, hereby agree to release and discharge the Lady Wildcats Youth Softball, its Officers, members, coaches and umpires of and from any and all liability for injury to my child resulting from, or connected in any manner, with participation in the Lady Wildcats Youth Softball programs.

I attest that I have read and understand all of the above.

*Date: _____

* _____
Parent/Guardian Printed Name:

* _____
Parent/Guardian Signature: