

# Medical Conditions & Emergency Treatment Form

Does your child have any dangerous medical conditions that I should know about (such as asthma?), if so, list them below. Also, please sign to authorize emergency treatment.

Child's Name	
How can you be reached in an emergency	Telephone: Cell phone: Pager:
Dangerous medical conditions (e.g., asthma):	
Is there anything a doctor should know (e.g., drug allergies)	

In a medical emergency, I authorize the coach and related personnel (such as assistants or parents of other team members) to take my child to the closest hospital for treatment.

Date and Sign here:

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(Parent or Guardian)