

EYFCA EMERGENCY MEDICAL CONSENT FORM

Athlete information in case of emergency:

Student name _____ Date of birth _____

Address _____

Allergies or chronic illnesses _____

Daily medications _____

Contact information in case of emergency

Parent/guardian name _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Parent/guardian name _____

Phone: Home (____) _____ Work(____) _____ Cell(____) _____

Emergency contact name _____

Phone: Home (____) _____ Work(____) _____ Cell(____) _____

If above named cannot be contacted, we, the undersigned parent/guardian of the athlete identified above, hereby authorize officials of the above EYFCA to contact directly the following physician and we hereby certify that we are the parent/guardian of the said minor child, and do authorize the physician named below to render such treatment as said physician in an emergency, for the health of said child, without further authorization than here expressed. In the event that the physician here named can't be contacted, or either of us is unavailable to give our express consent at such time with reference to any other physician, we hereby consent and authorize the officials of the EYFCA to contact any licensed physician, and we hereby authorize said physician to render such treatment as he/she may deem reasonably necessary, in what he/she may consider to be an emergency, for the health of the aforesaid minor child.

I also understand that expenses incurred as a result of emergency ambulance use, treatment physician, or treatment in a hospital or clinic will not be borne by the EYFCA or EYFCA Board of Directors.

Physician _____ Hospital _____ Dentist _____

Phone(____) _____ Phone(____) _____ Phone(____) _____

Insurance company name _____

NOTE: When an athlete becomes ill or injured during practice or a game, it is virtually certain that the coaches or Board of Directors will be unable to provide medical care through the primary physician selected. No emergency care can be provided without this approval form.

STOP: Must be signed in presence of a Notary Public:

Signature of parent/guardian _____ Date signed _____

State of Kansas, County of _____ SEAL

Subscribed and sworn to before me this _____

Day of _____, 20____.

_____ My commission expires: _____

Refusal to Consent

I do not give consent for emergency medical treatment of my child. I understand that by signing "Refusal to Consent," my child will not be allowed to participate in football or cheerleading without a parent/guardian being present at the scheduled practices or games.

Signature of parent/guardian _____ Date Signed _____