



Oakleaf Sports Association, Inc.

Home of Oakleaf Baseball, Softball, Football, and Cheerleading

2014 Medical Release/Authorization

PARENT OR GUARDIAN'S CONSENT FOR MEDICAL TREATMENT

In case of emergency, if family physician cannot be reached, I hereby authorize:

Player Information

Last Name _____ First Name _____ Date of Birth _____

to be treated by another qualified, licensed physician and/or medical facility this is available. This consent includes, but is not limited to, the administration of anesthetics and medication and/or the performance of such medical and/or surgical procedures deemed necessary.

FAMILY PHYSICIAN'S NAME:

PHYSICIAN'S ADDRESS:

PHYSICIAN'S PHONE:

ALLERGIES:

DATE OF LAST TETANUS BOOSTER:

HEALTH PROBLEMS:

RESTRICTIONS:

Consent is given to release information for insurance purposes and I authorize third party to directly request insurance benefits due me for services rendered at the treating facility.

Parent / Guardian Information

Parent Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Dad's Cell: _____ Mom's Cell: _____

Insurance Company: _____

Policy/Plan #: _____ Policy Holder's Name: _____

WARNING AKNOWLEDGEMENT AND PARENT/GUARDIAN AUTHORIZATION:

I realize that participation in Baseball/Softball/Football/Cheerleading may result in serious injuries to my child. Protective equipment cannot prevent all injuries to players. By signing below, I hereby authorize the above named Player to participate and also consent to the emergency medical treatment conditions listed above.

Parent / Guardian Signature _____ Date _____

Note: To be carried by team manager to all team events