

City of Bellevue and Recreation Emergency Medical Authorization

Athlete's Name _____ Telephone () _____

Address _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the City Recreation Staff supervision or under supervision of a volunteer coach, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN

Mother's Name _____ Daytime Phone () _____

Address _____ Evening Phone () _____

Father's Name _____ Daytime Phone () _____

Address _____ Evening Phone () _____

Other's Name _____ Daytime Phone () _____

Address _____ Evening Phone () _____

Name of relative or Childcare Provider _____ Phone () _____

Address _____ Relationship _____

PART I OR PART II MUST BE COMPLETED

PART I - TO GRANT CONSENT

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

Doctor _____ 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 above-named doctor, 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 reasonably 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 _____

(Parent Guardian)

Address _____

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the City Recreation Staff of Volunteer Coach to take the following actions: _____

Date _____ Signature _____

Address _____