

Medical Authorization Form

I, _____ as the parent/guardian of _____ do hereby authorize and grant permission for "3D Basketball" its coaches, administrators and personnel to secure and obtain such medical treatment and/or care as might be necessary for the above named child under the supervision of "3D Basketball." I further authorize "3D Basketball" to administer emergency medical care and/or treatment as required until services of a medical professional can be secured. I agree to pay all cost and fees contingent upon any medical assistance that is rendered as authorized under this consent. I further request that "3D Basketball" immediately notify me in the case of emergency. "3D Basketball" assumes no responsibility for any injury or damages, which might result out or in connection with such authorized emergency medical treatment. I am providing the following information regarding the above-mentioned child to use in the event of an emergency:

Name of child _____
Address _____
Home Phone Number _____
Mother's Work Number _____
Father's Work Number _____
Allergies/medical conditions _____

Family Physician _____
Address _____
Phone Number _____

Emergency Contact Name _____
Address _____
Phone Number _____
Relationship to child _____

Medical Insurance _____
Name of Company _____
Name of Member _____
Policy Number _____
Group Number _____
Phone Number _____

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____