Preston Middle School Lacrosse

Emergency Medical Authorization

PLAYER NA		
ADDRESS _		
TELEPHON	IE	
SCHOOL		GRADE
-	enable parents and guardians to authorize the who become ill or injured while under coaches ched.	
	Part I or II must be com PART I - TO GRANT CO	
	easonable attempts to contact me at (other parent or guardian) at	(phone number) have been
necessary by or in the even	I hereby give my consent for: (1) The admini Dr (preferred physician) or t the designated preferred practitioner is not a d (2) the transfer of the child to cessible.	Dr (preferred dentist) available, by another licensed physician
physicians or	ation does not cover major surgery unless the dentists, concurring on the necessity for such of such surgery.	
	ing the child's medical history including aller airments to which a physician should be alerted	
Date	Signature of Parent or Guardian	
	Do not complete Part II if you co PART II - REFUSAL TO C	
or injury requ	my consent for emergency medical treatment iring emergency treatment, I wish the coach t	to take no action or to:
	Signature of Parent or Guardian	
Address		
Medical Insura	nce Company	Policy #