

## Emergency Treatment Authorization

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate emergency contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Medications: \_\_\_\_\_

Known Conditions: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

***I give my permission for Optimist Baseball/Softball Coaches to authorize emergency medical treatment.***

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_