CONFIDENTIAL

Authorization for Medical Care of a Minor

I, _____ the undersigned parent/legal guardian of _____ ,
do hereby authorize Crenshaw Athletic Association, To Consent to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations, I will not be able to knowledgeably evaluate and choose among the available alternative treatment(s) or procedure(s), if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Info:

Name_____ Relationship_____

Address _____ City_____

Home Telephone # _____ Cell # _____

Work Telephone # _____

Name_____ Relationship_____

Address _____ City_____

Home Telephone # _____ Cell # _____

Work Telephone # _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Blood Type_____ Medical Allergies _____

Date of Minor's Last Tetanus Shot: _____ Hospital Preference: _____

Medical Condition_____ Current Medications _____

☐ I have voluntarily provided the above contact information and authorize Crenshaw Athletic Association and its representatives to contact any of the above on my behalf in the event of an emergency.

☐ I choose not to furnish any emergency contact information to Crenshaw Athletic Association at this time.

Parent/Guardian Signature: _____ Date _____