

Emergency Treatment Authorization Card

Athlete Name	
Date of Birth and Age of Athlete	
Name of Parent or Guardian	
Phone number for parent or guardian (home, work and cell)	
Address of Athlete	
Emergency Contact other than Parent (name and number)	
Special Medical Conditions of Athlete	
Medications Athlete is Taking	
Allergies	
Physicians Name and Phone Number	
Insurance Info	
<p>I give permission to authorized staff member(s) to administer medication to my child if I am unavailable for verbal consent. We will only administer the following:</p> <p>ACETAMINOPHEN/IBUPROFEN PEPTO/TUMS/ANTACIDS BENADRYL/CLARITIN/ZYRTEC EYE DROPS</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> DATE