

# Emergency Treatment Authorization Card

<b>Athlete Name</b>	
<b>Date of Birth and Age of Athlete</b>	
<b>Name of Parent or Guardian</b>	
<b>Phone number for parent or guardian (home, work and cell)</b>	
<b>Address of Athlete</b>	
<b>Emergency Contact other than Parent (name and number)</b>	
<b>Special Medical Conditions of Athlete</b>	
<b>Medications Athlete is Taking</b>	
<b>Allergies</b>	
<b>Physicians Name and Phone Number</b>	
<b>Insurance Info</b>	
<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>TYLENOL/IBPROFEN  PEPTO/TUMS/ANTACIDS  BENADRYL  EYE DROPS</p>	<hr style="border: 1px solid black; margin-bottom: 10px;"/> SIGNATURE  <hr style="border: 1px solid black; margin-top: 10px;"/> DATE