

MEDICAL AUTHORIZATION FORM

Child Name: _____ Date of Birth: _____

Parent Name: _____ Cell Phone: _____

Mailing Address: _____

MEDICAL INFORMATION

Emergency Contact: _____ Emergency Phone: _____

Physician's Name and Phone: _____

Dentist's Name and Phone: _____

Medical Insurance Co.: _____

Policy Number: _____

Dental Insurance Co.: _____

Policy Number: _____

MEDICAL RELEASE

Parent's/Guardian's Consent to Allow Participation in the Santa Monica Girls Fastpitch Program and Authorization to Treat a Minor:

My child _____ is hereby given my consent to physically participate in activities of softball protected under the Santa Monica Girls Fastpitch (SMGF) Program and I assume all risks and hazards. In an emergency, every effort will be made to contact me. I, the undersigned parent/guardian of the child, a minor, do hereby authorize/consent to any x-ray, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any member of the medical/emergency room staff licensed under the provisions of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff at any acute general hospital licensed by the State Department of Public Health. This authorization is given pursuant to the provisions of the civil code in my home state. **Consent expires 12/31/2017.**

Is there any current physical condition preventing the child's immediate and full physical participation? _____ NO _____ YES. List all medications being taken by your child; all physical restrictions; allergies; asthma; hearing limitations; heart condition; physical impairment; prosthesis and vision corrections. List all health information known about your child. If no medications are being taken and there are no physical restrictions, write NONE.

Medical Issues or Allergies? _____

List Medications: _____

Parent/Guardian Name (Please Print): _____ Relationship to Player: _____

Parent/Guardian Signature: _____ Date: _____