

# Silver Blades Emergency Medical Authorization Form

Skater's Name: \_\_\_\_\_ Current ISI Level \_\_\_\_\_

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

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_ ISI# \_\_\_\_\_

Parents' Names \_\_\_\_\_

If divorced or separated, who has legal custody? ( please circle ) Mother      Father

If you carpool with other skaters to The Cube, please list the names of the skaters : \_\_\_\_\_

Purpose of the Emergency Medical Authorization – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under club authority, when parents or guardians cannot be reached.

## Part I or II Must Be Completed

### Part 1 – Grant Consent

<u>Order</u>	<u>Name</u>	<u>Place of work</u>	<u>Phone or Cell Phone</u>
_____	Father _____	_____	_____
_____	Mother _____	_____	_____
_____	Guardian _____	_____	_____
_____	Grandparents _____	_____	_____
_____	Sitter _____	_____	_____
_____	Other Person _____	_____	_____

I hereby give consent for the administration of any treatment deemed necessary by :

**Family Physician:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical Specialists:** \_\_\_\_\_ **Phone** \_\_\_\_\_

In the event the designated preferred physician is not available, I hereby give consent for treatment by any licenced physician or dentist. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ I hereby give consent to allow my child to be transported by Emergency Medical Services to \_\_\_\_\_ Hospital or any hospital accessible. This authorization does NOT cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. **Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which the club or a physician should be alerted** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of parent or Guardian** \_\_\_\_\_

### Part II – REFUSAL TO CONSENT

**I DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury Requiring emergency treatment, I wish the **CLUB** authorities to take no action or to: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Parent or Guardian** \_\_\_\_\_