AUTHORIZATION FOR MEDICAL CARE OF A MINOR

I, ____ the undersigned parent, person having legal custody or the legal guardian of ______________________________________ do hereby authorize ____________________________________ or any coach of St. Charles Challengers as follows:

TO CONSENT TO **any medical examination, x-ray examination, medical or surgical treatment, dental treatment, an diagnosis or necessary treatment by any doctor, medical practitioner or hospital to be rendered to the above named child under the general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma.**

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 treatments or procedures, if any, or to evaluate the risks attendant upon each. I authorize a physician, surgeon, dentist, health care practitioner or hospital to exercise the professional judgment and assess the risks incident to and/or choose the necessary treatment from any available alternatives and to render such care and/or to perform such treatment as he/she/they in professional judgment determines to be necessary for the benefit, health and safety of the above named minor.**

____________	________________________________	____________
DATE	**SIGNATURE**	**PHONE**

TREATMENT INFORMATION

Minor's Birth Date ______________________ ______________________

Allergies of Minor ____

Minor's Physician ______________________________ **Phone** ____________________

Medicine Minor is taking ______________________________________

Date of Minor's Last Tetanus shot ______________________________

Minor's Medical History _______________________________________

____

Hospital Emergency Department Preference (If circumstances allow) ______________________

Medical Insurance Company ____________________________ **Policy #** ______________