

## City of Bellevue and Recreation Emergency Medical Authorization

Athlete's Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the City Recreation Staff supervision or under supervision of a volunteer coach, when parents or guardians cannot be reached.

### RESIDENTIAL PARENT OR GUARDIAN

Mother's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_  
Other's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_  
Name of relative or Childcare Provider \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

### PART I OR PART II MUST BE COMPLETED

#### PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Medical Specialist \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Local Hospital/Emergency Room \_\_\_\_\_ Phone ( ) \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
2. The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions 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 IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent Guardian)

Address \_\_\_\_\_

#### 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 City Recreation Staff of Volunteer Coach to take the following actions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_