AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR**
2017 GREAT NORTHWEST CHALLENGE

I (we), _____of the city of _____ state of

_____, do hereby state that I am (we are) the natural parent(s) (legal guardian(s)) having legal

custody of _____, a minor, born _____ and who resides

with me (us) at_____.

In connection with my (our) child's participation in the 2017 Great Northwest Challenge Regional All Star Rugby tournament, I (we) hereby grant permission for any and all emergency/medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any Rugby activities associated with the Great Northwest Challenge.

If an emergency requiring medical attention occurs, I grant permission to a physician or other hospital or emergency personnel to attend to my child/participant. I do authorize the diagnosis, treatment and or hospital care of my child in the event of an accident, injury, sickness, etc. I hereby assume the responsibility for payment of any such treatment. In the event of an injury to the participant, I expect that reasonable effort will be make to contact me in order to receive my authorization before any non-emergency medical treatment or hospitalization is undertaken.

Parent/Guardian Work Phone: _____ Parent/Guardian 2 Work Phone: _____

Parent/Guardian Home Phone: _____ Parent/Guardian 2 Home Phone: _____

Parent/Guardian Mobile Phone: _____ Parent/Guardian 2 Mobile Phone: _____

Other Phone: _____ Medical Insurance Company: _____

Primary Physician: _____ Medical Insurance Policy #: _____

Physician Phone: _____ Policyholder Name: _____

Important health information (allergic reaction, medications, previous conditions, previous illness, injury or surgeries, etc.):_____

_____

_____

History of Concussions (if yes, include number, date(s) of occurrence, who treated and length of recovery): _____

_____

_____

_____

Custodial Parent/Legal Guardian Signature Date

_____

Custodial Parent/Legal Guardian Signature Date

****Non-minors and emancipated minors must still fill out this form and sign for themselves.**
You must return signed form to your Coach and/or Team Manager.