



Resurrection Catholic School Athletic Association

Authorization for Medical Attention / Surgical Treatment for My Child / Parental Consent Form

Name of Child _____

I, _____ as _____
(Name of Authorized Person) (Relationship to Child)

of _____ give consent for treatment
(First, Middle, and Last Name of Child)

in any case of my unavailability, should medical or surgical need arise for my child. Treating hospital, medical, and nursing staffs are authorized to perform or arrange necessary treatment.

My child's doctor is Dr. _____. I authorize the use of specialists as necessary as determined by the treating hospital emergency room physician and the treating hospital emergency room specialist on call.

Medical conditions the coach should be aware of:

Asthma _____ (inhaler should be kept with the player for use as needed)

Heart Murmur _____

Bee Stings _____

Other Concerns _____

If I cannot be reached, please notify _____
telephone _____

of the advisability of treatment if any is to be performed under this authorization. This authorization expires October 2017.

Signature of Authorized Person _____ Date _____

Relationship _____

Please list any allergies your child may have: _____

Parental Consent

_____ has my permission to participate in the RCSAA
(First, Middle and Last Name of Child)

basketball program. For your acceptance of my enrollment, I, the player, and we, the parents individually or collectively, intending to be legally bound, hereby for ourselves and our heirs, executors and administrators, wave and release the Resurrection Catholic School Athletic Association, their agents or representatives, from any and all claims or rights to damages for injuries or losses suffered by me, the player, directly or indirectly, in training for, or traveling to or from, or competing in or while attending any future athletic

association functions. I acknowledge the registration fee does not include primary medical insurance coverage. I consent to medical treatment for my child in an emergency.

PARENT SIGNATURE _____ DATE _____