

## NGSSA Consent for Medical Care & Treatment



In order that your child receive prompt and appropriate medical treatment when you cannot be reached to give your consent, please sign this Consent for Medical Care and Treatment and return to your daughters softball coach. This record will be retained by the softball team for the current season and accompany the adult in charge at all practices, games and other team activities.

**The care of your child is uppermost in our thoughts and your cooperation is appreciated.**

I hereby give permission for my child \_\_\_\_\_ to be taken for emergency treatment by her team coach or assistant coach. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed board certified physician or hospital when deemed necessary.

Childs full name:	_____			Date of birth:	_____
Allergies and drug reactions:	_____				
Chronic illness:	_____				
Regular medications:	_____				
Date of last tetanus immunization:	_____				
Child's physician:	_____			Phone:	_____
Child's dentist:	_____			Phone:	_____
Parent's address:	_____				
Home phone:	_____			Cell phone:	_____
Parents employer:	_____			Phone:	_____
Insurance name:	_____			Group #:	_____
Emergency contact:	_____			Relationship:	_____
Cell phone:	_____			Work phone:	_____

Emergency contact name	Relationship	Cell (or home) phone	Work phone

PARENT (or guardian) signature

Date \_\_\_\_\_

**Process instructions – due by first practice**

Parents: complete this form (one for each player) and return to your coach.  
Coaches: keep this form in your binder and with you at all team activities.