

STOW YOUTH BASEBALL/SOFTBALL EMERGENCY MEDICAL CARD & AUTHORIZATION

CHILD'S NAME: _____ BIRTHDATE: _____
ADDRESS: _____ HOME PHONE: _____
CITY, STATE, ZIP: _____

FATHER'S NAME: _____ HOME PHONE: _____
SAME ADDRESS: YES NO WORK PHONE: _____
EMPLOYED: _____ CELL PHONE: _____
EMAIL: _____

MOTHER'S NAME: _____ HOME PHONE: _____
SAME ADDRESS: YES NO WORK PHONE: _____
EMPLOYED: _____ CELL PHONE: _____
EMAIL: _____

GUARDIAN: _____ HOME PHONE: _____
(If different than parent) WORK PHONE: _____
CELL PHONE: _____

ALTERNATE CONTACT: _____ HOME PHONE: _____
Relationship: _____ CELL PHONE: _____

ALTERNATE CONTACT: _____ HOME PHONE: _____
Relationship: _____ CELL PHONE: _____

MEDICAL ALERT: _____
MEDICATIONS: _____
ALLERGIES: _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Stow Youth Baseball/Softball authority, when parents or guardians are not present and cannot be reached. PART I or PART II MUST BE COMPLETED.

PART I - TO GRANT CONSENT

In the event reasonable attempts to contact me at 330-_____ or 330-_____
or the other parent or guardian at 330-_____ have been unsuccessful, I hereby give my
consent for (1) the administration of any treatment deemed necessary by Dr. _____,
physician, or _____, dentist, 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 _____ (hospital) or 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: _____
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 Stow Youth Baseball/Softball authorities to take no action or to

DATE: _____ SIGNATURE: _____
ADDRESS: _____