

AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR CHILD

This document authorizes **Beach Premier Field Hockey, its directors, agents, coaches and respective administrators** to seek emergency medical treatment of the minor child (under 18 years of age) in the absence of parent(s) or legal guardian(s). Inclusive Dates of Authorization: From: 7/1/08 through 5/1/07

Please print or type all information requested below:

Minor Information	Name	Birthdate	Social Security Number
	<i>I/We the parent(s) or legal guardian(s) of the above named minor authorize emergency medical treatment throughout the specified dates and assume responsibility for all costs not covered by the below listed insurance policy.</i>		
	Parent(s) or Legal Guardian(s)		Telephone Number
	Address		
Insurance Information <small><i>If possible, please attach copies of any insurance cards</i></small>	Name of Insurance Company		Policy Number
	Address		
	Name and Address of Insured		Social Security Number
	Employer Name and Address		
Medical Information	Special Conditions (Allergies, Daily Medications)		
	Physician Name and Address		Emergency Telephone Number
Your Certification			
	<i>Signature of Parent or Legal Guardian</i>		<i>Date</i>

