



# OHVA Emergency Medical Form

(Hand in to your Coach only)

Player's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\*\*\*\* **PART 1 OR PART 2 MUST BE COMPLETED AND SIGNED** \*\*\*\*\*

## **PART 1 – CONSENT GRANTED**

**I hereby give consent for the following medical care providers/local hospital to be called:**

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ |

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ |

Medical Specialist \_\_\_\_\_ Phone Number \_\_\_\_\_ |

Local Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_ |

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, 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 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:**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* **DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1** \*\*\*\*\*

## **PART 2 - 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 authorities to take the following action:**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_