CHAMBERSBURG JUNIOR TROJANS

MEDICAL FORM

**MUST BE COMPLETED BY PHYSICIAN BEFORE YOUR CHILD PARTICIPATES IN PRACTICES OR GAMES**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOSPITAL TREATMENT AUTHORIZATION

I, THE UNDERSIGNED, BEING THE PARENT OR LEGAL GUARDIAN, HEREBY DESIGNATE THE CHAMBERSBURG JUNIOR TROJAN, COACHES AND/OR DESIGNEE, TO AUTHORIZE ANY NECESSARY MEDICAL AND/OR SURGICAL TREATMENT NEEDED FOR THE ABOVE-NAMED CHILD IN MY ABSENCE.

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

 SIGNAUTRE OF PARENT OR LEGAL GUARDIAN DATE

**THIS MUST BE SIGNED FOR YOUR CHILD TO PARTICIPATE**

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_