

Long Island Braves Baseball
329 Euclid Avenue
Massapequa Park, New York 11762

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I, _____, am the Parent of _____,
a minor child who was born on _____, and whose present age is _____,
and who resides at _____,
in the County of _____, and the State of _____.

I authorize _____, (phone number) _____,
(please leave space above blank)

an adult who resides at _____,
in the County of _____, and the State of _____ to consent to emergency treatment which may
be necessary for my minor child, named above. Such treatment to include, but not limited to, examinations, x-rays and
laboratory tests, medical and surgical treatment, use of medication, anesthetics, sutures, and admission for hospital care
as may be required, when efforts to contact me are unsuccessful.

It is understood that such care will be upon advice of a duly licensed physician or surgeon.

Sworn to before me this
_____ day of _____, 200__

Notary Signature

Signature of Parent or Legal Guardian

Medical History

Name of child: _____

Name of child's doctor: _____

Address: _____

Phone Number: _____

Parent's family doctor: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Medicines child is taking: _____

Other pertinent past medical history: _____

Signature of Parent