

**CONFIDENTIAL**  
**Authorization for Medical Care of a Minor**

I, \_\_\_\_\_ the undersigned parent or legal guardian of \_\_\_\_\_ do hereby authorized **Woolridge Athletic Association**, TO CONSENT to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hostel care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments of pr procedures, if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

In case of an emergency please contact \_\_\_\_\_ Phone \_\_\_\_\_

**Treatment Information**

Minor's Birth Date \_\_\_\_\_ Minor's Allergies \_\_\_\_\_

Minor's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Minor's Medication \_\_\_\_\_

Date of Minor's Last Tetnus Shot \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Does your child have any known allergies or is your child allergic to any medications? \_\_\_\_\_

If yes, please list any allergies and their reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there are any "Helpful Hints" (previous cheering, bathroom frequency, etc.) or "fears" (heights, being in front of people, etc.) you would feel helpful for me to know, please list them: \_\_\_\_\_

\_\_\_\_\_

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