

**SBB DI TOURNAMENT**

**AUTHORIZATION FOR MEDICAL TREATMENT**

**TEAM MEMBER NAME** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **TX** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE NUMBERS HOME** \_\_\_\_\_ **MOM** \_\_\_\_\_

**DAD** \_\_\_\_\_ **BUSINESS** \_\_\_\_\_

**GUARDIAN** \_\_\_\_\_ **OTHER WHO** \_\_\_\_\_ **#** \_\_\_\_\_

**IN CASE OF AN EMERGENCY, IF PARENT OR OTHER CAN NOT BE REACHED PLEASE CONTACT**

**NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**PLEASE LIST ANY PERTINENT MEDICAL INFORMATION THA SHOULD BE KNOWN AND/OR ANY  
REGULART MEDICATION THAT MEMBER IS TAKING OR IS NECESSARY FOR ANY CONDITION.**

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

EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT OR GUARDIAN OF THE TEAM MEMBER PRIOR TO ANY UNUSAL MEDICAL TREATMENT. THE UNDERSIGNED PARENT OR GUARDIAN OF THE TEAM MEMBER HEREON AGREES THAT IN THE EVENT OF AN EMERGENCY, ILLNESS OR ACCIDENT THAT A LISCENSED M.D./R.N. SHALL BE AUTHORIZED TO ADMINISTER MEDICAL OR SURGICAL TREATMENT DEEMED NECESSARY FOR THE TREATMENT OF THE TEAM MEMBER.

\_\_\_\_\_  
**SIGNATURE OR PARENT/GUARDIAN AUTHORIZING TREATMENT**

**DATE**

**TEAM MANAGER** \_\_\_\_\_

**PLEASE TAKE THIS WITH YOU TO COMPETITION. KEEP IT WITH YOU AT ALL TIME.**