

**AUTHORIZATION FOR EMERGENCY CARE TO MINOR**

*I, the undersigned parent with legal custody or legal guardian of the minor listed below:*

Minor's Name: \_\_\_\_\_

School: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Health Problem(s): \_\_\_\_\_

Last Tetanus Shot (mo/day/yr): \_\_\_\_\_

Insurance: \_\_\_\_\_

Preferred Doctor/Address/Phone: \_\_\_\_\_

Preferred Dentist/Address/Phone: \_\_\_\_\_

Preferred Hospital/Address/Phone: \_\_\_\_\_

*Do hereby authorize any x-ray examination, anesthetic, dental or medical or surgical diagnosis or treatment by any dentist or physician licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of the:*

**DIOCESAN MIDDLE SCHOOL ATHLETIC ASSOCIATION (DMSAA)**

*The temporary custodian of the minor; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of Oklahoma, I authorize the physician or dentist to call in any necessary consultant at his/her/their discretion. I further authorize said physician or dentist to exercise his/her/their discretion in authorizing proper and necessary treatment.*

*It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those persons who having temporary custody of the minor, and said physician or dentist to exercise his/her/their best judgment as to the requirements of such diagnosis of medical or dental treatment.*

*This consent shall remain effective as long as my child is involved with the DMSAA unless sooner revoked in writing, delivered to said persons instructed with the custody, care and control of the minor.*

*I will not hold DMSAA financially responsible for the medical care and/or the transportation costs to obtain medical care.*

**PARENT OR GUARDIAN: AFFIRMATION OF ANNUAL REVIEW**

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date