



EMERGENCY MEDICAL AUTHORIZATION



Must be completed for each youth entry

In the event my son/daughter becomes ill or is injured while participating in any Ohio Junior Bass Federation State event, I hereby give my consent to the Ohio BASS Federation and its board members to authorize the administration of any emergency medical or dental treatment deemed necessary by a licensed physician or dentist, and the transfer of the child to a hospital, clinic or office to obtain treatment. It is understood that reasonable attempts will be made to contact the parents or guardian at the number listed below prior to administration if reasonably possible. The following questions will help us to prepare your child for this tournament.

1. A) Any allergies including food, insect bites, and medications? Please list
- B) What signs or symptoms result with the allergy (i.e. Difficulty breathing, hives, rash etc)?
- C) What is the usual method of treatment when allergy occurs?
2. Does the youth have any medical conditions currently? If so List.
3. Does the youth currently take medication for the above named condition? If so, please list including name of medication (ie. Twice a day, three times daily).
4. Does the youth have any physical limitations?

Please print:

Parent or Guardian Name _____ Telephone _____

- I give my consent for the above emergency treatment.
- I DO NOT give my consent for the above emergency treatment

Date _____

Signature _____



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Junior's name _____ Date of Birth _____

Social Security number _____

Parents' names

Home address

Home Phone: _____ Work Phone: (which parent?) _____

Cell phone _____

Health Insurance Carrier name _____

Policy Number _____

Insurance carrier phone number _____

Notify in case of emergency

Relationship _____ Phone number _____

Family Physician _____ Phone number _____

Address _____

Last Tetanus _____