

## Authorization to Consent to Medical Treatment for Minor

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I (we), \_\_\_\_\_ and \_\_\_\_\_ of the city of \_\_\_\_\_, Wisconsin; do hereby state that I am (we are) the parent(s)/ legal guardian(s) having legal custody of (player) \_\_\_\_\_.

In connection with my son's participation in the Muskego Rugby Club, I authorize any accompanying adult bringing my son to your treatment facility to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision, and on the advice of any physician or surgeon when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. Valid for all club related activities from today's date until Dec. 31, 2022.

I understand that I assume all liabilities and expenses for my son. I waive all claims against the above referred to adults in connection with the decision for such immediate care. Furthermore, I hereby state that I/we are the natural parent(s) or legal guardian(s) having legal custody over the minor athlete listed below and that the athlete has medical insurance coverage of at least \$100,000.

### Emergency Medical and Insurance Information:

Family Doctor: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Secondary Contact Person: \_\_\_\_\_

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

Known allergies: \_\_\_\_\_

Medications child is currently taking: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_