# Barrington Pop Warner Football and Cheerleading

**PO Box 192 - Barrington, RI – 02806 https://tshq.bluesombrero.com/barringtonpopwarner** [**www.facebook.com/BarringtonPopWarner**](http://www.facebook.com/BarringtonPopWarner)

# 2021 EMERGENCY MEDICAL AUTHORIZATION

This form must be made available by the coach at all team practices and contests for each team member to insure proper medical treatment by physicians or hospital personnel in event of serious injury.

**Athlete Name**: Birth Date: Age:

**Parent Contact Information:**

Name:

Home Phone Business Phone Cell Phone Address Zip

EMAIL:

Does your child have any allergies? If yes, please provide details.

Does your child have any medical conditions that may arise during a practice or game (i.e. inhaler, insulin, etc.)?

In the event parents cannot be contacted please contact:

at phone # I hereby give my consent for medical treatment deemed necessary by physicians designated by the organization and or for transportation to a hospital emergency room for the treatment of any illness or injury resulting from his/her athletic participation.

Preferred Physician: Preferred Hospital

I understand that this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Signed (Parent of Guardian) Date