

**MEDICAL AUTHORIZATION CARD**  
**SPORT \_\_\_\_\_**

Student	D.O.B.	Identify Allergies or Special Conditions
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*I/We, being the parent(s) or legal guardian(s) of the above-named minor, do hereby appoint:*

Coach	Address	Telephone
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*to act on my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above-named minor during the period of my/our absence, from:*

Month	Day	Year	Month	Day	Year
through					

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care, or hospitalization may be required.

**PARENT/GUARDIAN**

Signature	Date	Home Phone	Cell Phone
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Address	Work Phone
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**OTHER EMERGENCY CONTACT PERSON**

Signature	Date	Home Phone	Cell Phone
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Address	Work Phone
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**HOSPITALIZATION COVERAGE FOR ABOVE-NAMED MINOR**

Insurance Company or Government Program	I.D. or Contract Number
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**FAMILY PHYSICIANS**

Name and Phone Number	Name and Phone Number
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