

# ISSAQUAH SELECT BASKETBALL

## COACHES EMERGENCY RELEASE FORM

Players Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Address of Parent's/Legal Guardian \_\_\_\_\_  
Street City Zip

Home Ph# \_\_\_\_\_ Emergency Ph# \_\_\_\_\_ Business Ph# \_\_\_\_\_

**Emergency Contacts:** If parents cannot be reach who should be contacted next?

**Contact #1**

Name: \_\_\_\_\_ Relation to Player: \_\_\_\_\_

Home Ph# \_\_\_\_\_ Business Ph# \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_ Relation to Player: \_\_\_\_\_

Home Ph# \_\_\_\_\_ Business Ph# \_\_\_\_\_

**Authorization to Provide emergency Treatment to a Minor:**

We/I the undersigned, Parents of \_\_\_\_\_ Birthday \_\_\_\_\_  
Players Name

Do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor(s) under the general or special instructions of the Emergency Physician in charge at the health facility selected.

It is understood that this consent is given in advance of any specific diagnosis of treatment being required but is given to encourage coaches or authorized designee, and said physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

It is also understood that this authorization extends to the performance of major surgery and to the administration of blood and any extensive resuscitative measures as may be needed in the case of drowning or other serious accident.

I hereby designate \_\_\_\_\_ M.D. Ph# \_\_\_\_\_ as primary physician and request the Emergency Physician to call him/her for primary care of the above mentioned minor if practicable. I likewise designate the following physician as consultants if medical care is needed in there particular fields

\_\_\_\_\_ M.D.

\_\_\_\_\_ M.D.

The above designations are not the limit to Emergency Physicians and in case the above designated people are not available, the Emergency Physician is authorized to treat and/or secure consultation as he/she sees fit.

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