

# TUSLAW JUNIOR BASEBALL ASSOCIATION



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PURPOSE: To enable parents and guardians to authorize the provision of emergency transportation for children who become ill or injured while under the supervision of TJBA or one of its coaches.**

## **PART I OR II MUST BE COMPLETED**

### **PART I TO GRANT CONSENT**

In the event of an emergency please contact me at (phone number) \_\_\_\_\_ or (other parent or guardian name) \_\_\_\_\_ at (phone number) \_\_\_\_\_.

In the event we are not reachable via phone I grant permission to transport the child to (preferred hospital) \_\_\_\_\_.

Facts concerning the child's allergies or any physical impairments to which a coach should be alerted:

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\_\_\_\_\_  
Date Signature of Parent/Guardian

\_\_\_\_\_  
Address

## **DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

### **PART II REFUSAL TO CONSENT**

I do not give my consent for emergency medical transportation for my child. In the event of illness or injury requiring emergency treatment, I authorize the Tuslaw Junior Baseball Association or its designee to take no action.

\_\_\_\_\_  
Date Signature of Parent/Guardian

\_\_\_\_\_  
Address