

# EMERGENCY AND MEDICINE MEDICAL AUTHORIZATION FORM

While participating in Soccer the Brazilian Way camps with Gustavo (Gus) Donolo as the responsible Party, at The Madeira School, 8328 Georgetown Pike, McLean, VA 22102 from arrival to camp around 12 noon on July 26 to departure on July 31, 2008 at about 12 noon.

This form serves as authorization for treatment of minors (in the absence of parent or guardian) while in the care of Gustavo (Gus) Donolo, responsible activity director.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_

Parent/ Guardian of \_\_\_\_\_

Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies to medications: \_\_\_\_\_

Allergies to Foods: \_\_\_\_\_

do hereby give my permission and consent to Gustavo (Gus) Donolo to secure and authorize such emergency medical treatment as my child might require in any facility that is licensed to practice medicine in Fairfax County or vicinity while under the supervision of said care provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents or guardian in the event of an emergency. To that end, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

If the parents or guardian are unavailable, other relatives or persons to contact in the event of an emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Soccer the Brazilian Way is hereby authorized to give my child medication(s) as follows:

1) \_\_\_\_\_ Hours/ Frequency \_\_\_\_\_

2) \_\_\_\_\_ Hours/Frequency \_\_\_\_\_

3) \_\_\_\_\_ Hours/Frequency \_\_\_\_\_

Signature of parents or guardian : \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: (REQUIRED) \_\_\_\_\_ Date: \_\_\_\_\_