



## PARENTAL AUTHORIZATION Year 2016/2017

In the event of an emergency, where the doctors on duty have to administer any medical surgeries, examinations, anesthetics, a written parental authorization is required. And in the case where this one is lacking, a permission to a juvenile judge or to the district Attorney will be requested; the affidavit below is intended to avoid these procedures.

I undersigned, the legal guardian, Mr/ Mrs

last Name/First name.....

Address:.....

Zip code.....City.....Country.....

Office.....

Home.....

Cellular.....

Others.....

By my signature and in my absence, authorize and hereby grant permission for any and all medical attention, administration of first aid, anesthesia and/or surgery under the recommendation of a qualified medical personnel, to my child/ children in the event of an accidental injury or illness.

Last name/ First name.....

Date of birth..... Social security number.....

Personn to be contacted in case of emergency.....

Done the.....

Parent/ Guardian signature

Follow by the mention « read and approved »



## MEDICAL FORM

Training.....	Competition.....
Club.....	Sport.....
Licence Number.....	

Last name.....	First name.....
Address.....	
Zip code.....	City.....
Country.....	Social security Number.....

### *Medical informations*

Blood Type.....	Rh.....
Medical History.....	
.....	
Past major Injuries .....	
.....	
Known Allergies .....	
.....	
Clinical Conditions.....	
.....	
Diagnosis.....	
.....	
Current Treatment.....	
.....	
Preventive.....	
.....	
Emergency.....	
.....	

### *Immunizations history*

Hepatitis.....	Colds.....
Tetanus.....	Diphtheria.....
Poliomyelitis.....	Others.....