



EMERGENCY MEDICAL AUTHORIZATION FORM

I, _____

Parent/Guardian of:

Do hereby give my consent to **Chess4Life, LLC** _____, to secure and authorize such emergency medical treatment as the above name might require 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/guardian, etc. in case of an emergency.

In the event of an emergency, it would be necessary to have the following information:

Physician's Name: _____ Phone Number: _____

Preferred Hospital: _____

Address: _____

Hospital Phone: _____

If the parents/guardian is unavailable, other relatives or persons to contact in emergency:

Name(s): _____

Address: _____

Phone 1: _____ Phone 2: _____

Relationship(s): _____

Are there any allergies to be aware of? _____

Signature of parents/guardian: _____

Date: _____