



P.O. Box 36  
Newcastle, OK 73065

**AUTHORIZATION FOR TREATMENT OF A MINOR CHILD**

I, \_\_\_\_\_, am the parent or legal guardian having legal custody of  
PRINT YOUR NAME

\_\_\_\_\_, a minor child, \_\_\_\_\_, hereby authorize  
PRINT MINOR'S FULL NAME DATE OF BIRTH OF MINOR

**Bridge Creek Little League Association (BCLLA)** to consent to any x-ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care to be rendered to the above-named minor under general or special supervision and upon the advice of a physician, surgeon, or dentist licensed under the laws of the State of Oklahoma.

In giving this consent, I recognize and understand that in situations where the above-named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate and choose among the available risks attendant upon each and risks attendant to foregoing all treatments. In such situations, I authorize a physician, surgeon, or dentist to exercise his professional judgment and assess the risks incident to, and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the above named minor.

\_\_\_\_\_  
Signature of person having legal custody or legal guardianship Date

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Primary Contact Number Secondary Contact Number

**TREATMENT INFORMATION**

\_\_\_\_\_  
Minor's Primary Care Physician including physician's name, address and phone number

\_\_\_\_\_  
Please list any known Allergies or Medications your child may have suffered an adverse reaction from

\_\_\_\_\_  
Medications your child is currently taking (both prescribed and non-prescribed)

\_\_\_\_\_  
Pertinent Medical Information

\_\_\_\_\_  
Hospital Preference