# MEDICAL INFORMATION AND EMERGENCY TREATMENT AUTHORIZATION

Required. Sign and bring to check-in: Thursday, November 12, 6:00 to 8:00 PM, Stephen Decatur High School. One form covers every wrestler you list.

| WRESTLER 1 NAME | WRESTLER 2 NAME | WRESTLER 3 NAME |
|---|---|---|
| DATE OF BIRTH | DATE OF BIRTH | DATE OF BIRTH |

*Each wrestler's allergies, medications, and health conditions are entered in the online registration. This form is the treatment authorization.*

☐ **Option A**

If the Wrestler needs medical care, contact me before any treatment is given, unless a licensed physician, hospital, or emergency medical provider decides that immediate treatment is needed to save the Wrestler's life or to prevent serious or permanent injury.

☐ **Option B**

If the Wrestler needs medical care, treatment may begin while the Club keeps trying to reach me. I consent to the emergency medical care, including transport to a hospital, that a licensed physician, hospital, or emergency medical provider decides is needed.

### Under either option

I authorize Club coaches and volunteers to call 911, give basic first aid, and share the Wrestler's medical information from this registration with emergency responders and treating providers. I understand that Club coaches and volunteers are not medical professionals and do not make medical decisions for the Wrestler. In a true emergency, medical providers may give treatment needed to protect the Wrestler's life or health before I can be reached, whichever option I choose.

Club coaches do not give medicine. In an emergency, a coach may help the Wrestler use the Wrestler's own prescribed inhaler or epinephrine auto-injector (EpiPen), and will call 911 whenever an epinephrine auto-injector is used.

I accept responsibility for the cost of any treatment.

### Accuracy, privacy, and retention

The medical information I give in this registration is true and complete to the best of my knowledge, and I will tell the Club promptly if it changes.

The Club will store this information securely, will share it only with Club coaches who need it, event medical staff, emergency responders, and treating providers, and will not sell it or use it for any other purpose. The Club will keep the medical details for at least 18 months after the end of the season, as USA Wrestling directs, and then delete them. The record that I signed this form, and the option I chose, is kept with the signed waiver.

☐☐ **Check the box next to Option A or Option B above. Check only one.**

I have read this form. I choose the option marked above, and I give the authorizations in this form for each wrestler.

INITIALS

By signing, I confirm that I am at least 18 years old and the parent or legal guardian of each wrestler named above, with legal authority to sign for each of them, that I have read and understand this document, and that I sign it voluntarily, for myself and for each wrestler.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PRINTED NAME

RELATIONSHIP TO WRESTLER(S)