



Coastal Homeschool Athletic Association
UNITY- CHARACTER- HONOR

CHAA MEDICAL AUTHORIZATION FORM

Name of Player: _____

Date of Birth: _____

Known Allergies: _____

Medical Conditions: _____

Current Medications: _____

Parent's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Cell # _____ Cell # _____

Email Address: _____

Please attach copy of Health Insurance information to this form.

Medical Authorization

In case of an emergency or accident during any Coastal Homeschool Athletic Association event or team activity involving my child, _____, which in the opinion of CHAA or team authorities present, requires immediate medical or surgical attention, I hereby grant permission to said CHAA or team authorities to obtain the services of a physician or to transport said child to hospital if it is deemed necessary. I hereby grant permission, also to said physician to treat said condition unless I am present and request otherwise or until I later request otherwise.

Date: _____

Signature of parent or guardian: _____