



**MEDICAL TREATMENT
AUTHORIZATION/EMERGENCY NOTIFICATION**

If neither parent nor guardian can be reached in the event of an emergency during the event/competition, I authorize a qualified and licensed medical doctor to take all necessary measures in treating the below designated individual. If necessary, I authorize the Tournament Committee personnel or designated BCGA officials, to arrange for transportation of my child to the nearest hospital emergency room for treatment.

Event/Competition _____ Date(s) _____

Name of Participant _____ Date of Birth _____
(Please Print) (M/D/YR)

Mailing Address _____
_____ Postal Code _____

Home Phone _____ Email _____

Alternate Emergency Contact _____ Phone _____
(Other than Parents)

Parent/Guardian Names _____

Address (if different from above) _____

Mother's Home Phone _____ Work _____ Cell _____

Father's Home Phone _____ Work _____ Cell _____

Family Physician _____ Phone _____

BC Medical Care Card No# _____

Do you have Travel Medical Insurance? Yes No * **If Yes,**

Insurance Carrier _____ Phone _____

Policy/Group No _____ Expiry Date _____

*** If No, you are required and responsible to purchase travel medical insurance when travelling outside of the Province**

Please provide any medical history, physical limitations or problems that should be known by the BCGA Junior Director, Tournament Officials or Emergency Personnel:

Signature of Parent/Guardian _____ **Date** _____

This Medical Treatment Authorization/Emergency Notification Form is mandatory and shall be submitted to the appropriate BCGA Official prior to Travel or the Event