G R E G B A R T O N F O O T B A L L A C A D E M Y
N E X T S T E P S P O R T S , I N C .

MEDICAL EMERGENCY AUTHORIZATION FORM
TO BE COMPLETED BY PARENT AND SENT TO:

Heather Barton (503) 646-0158 – **bartongrg@comcast.net**
13965 SW Barlow Court
Beaverton, Oregon 97008

Name of Camp Participant:_____
As Parent or Legal Guardian, I authorize the Greg Barton Football Academy to seek qualified medical assistance to examine the above-named participant and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

Name_____ **Date**_____
(Signature of Parent or Guardian)

Parent's Home Phone_____ **Parent's Cell Phone**_____
Parent's Business Phone_____ _____
Parent's Home Address:_____
Emergency Contact: Name_____ **Phone**_____
Relationship of contact person to athlete:_____
Physician's Name_____
Physician's Phone_____ _____
Name of Family Insurance Company_____
Policy #_____