



# KANSAS WOMEN'S GOLF ASSOCIATION

## KWGA EMERGENCY TREATMENT FORM

Date \_\_\_\_\_

In case of an emergency occurring during a KWGA golf event, if either parent or guardian can not be reached, I authorize a qualified and licensed medical doctor to take all necessary measures in the treatment of:

NAME OF CONTESTANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT (s) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

FAMILY PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S PHONE \_\_\_\_\_

OTHER CONTACTS IN CASE OF EMERGENCY:

\_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

I give permission to KWGA personnel or their representative to arrange transportation of my child to the nearest hospital emergency room if such care is deemed necessary.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**RETURN THIS COMPLETED FORM WITH ENTRY**