



TO: 2014 USA Boxing National Championships Participants
FROM: USA Boxing Events Department
SUBJECT: Medical Treatment Form

United States Amateur Boxing's insurance company requires a signed medical treatment form either authorizing emergency medical treatment or not authorizing medical treatment for all participating individuals. *Participants under 18 years of age, are required to have parental / guardian signatures as well.*

Please complete and sign the attached form. Be sure to indicate whether treatment is approved or not approved.

Thank you for your assistance with this matter. Please do not hesitate to contact the Events Department at USA Boxing Headquarters at (719) 866-2304 if you have any questions.

MEDICAL TREATMENT FORM

_____ I **AUTHORIZE** a duly appointed representative of United States Amateur Boxing, Inc., to consent to emergency medical treatment during my participation in USA Boxing's sanctioned event.

_____ I **DECLINE** to authorize consent for emergency medical treatment during my participation in USA Boxing's sanctioned event for the following reasons:

If you marked DECLINE, please mark one of the following:

_____ Religious

_____ Personal

_____ Other: _____

Signed: _____
(Athlete Signature)

Date: _____

Signed: _____
(Parent/Guardian Signature for athletes under 18 yrs)

Date: _____