**MEDICAL TREATMENT AUTHORIZATION**

OREGON GOLF ASSOCIATION

**TO WHOM IT MAY CONCERN:**

In case of an emergency occurring during the Eddie Hogan Cup Team Matches, if neither parent or guardian can be reached, I authorize a qualified and licensed medical doctor to take all necessary measure of treatment of:

Name of Contestant: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

(_____) _____ (_____) _____

Home Phone or Cell Phone Business Phone

I also give my permission to authorize Oregon Golf Association personnel to arrange for transportation of my child to the nearest hospital emergency room.

_____ _____

Signature of Parent or Guardian Date

Please complete this form and BRING it to the tournament to be place on file through the duration of the Eddie Hogan Cup Team Matches. It may also be submitted in advance to:

Oregon Golf Association
Attn: Hogan Cup
2840 Hazelnut Drive
Woodburn, OR 97071