

RELEASE FOR MEDICAL TREATMENT

We (I) _____, the natural parents and/or legal guardians for:

_____ will be out of direct contact with my child for the period beginning _____, 2010 and ending _____, 2010/11_. During this time my child is under the supervision of _____ who has authority to provide medical consent for my child on my/our behalf if we cannot be contact at the phone numbers listed below.

Date: _____

Parent/Legal Guardian Signature

.....
Parent/Guardian Contact Information:

Telephone Numbers:

Address: _____

Home _____

Work _____

Other _____

Child's Date of Birth: _____

Family Physician: _____ Telephone Number _____

Allergies: _____ Daily Medication: _____

Tetanus Status: _____ Current Medications: _____

I give my permission for the coach to administer first aid before calling for medical assistance.

(Signature of Parent/Legal Guardian)

NOTE: THIS FORM MUST BE PRESENTED AT THE TIME OF TREATMENT. EVERY EFFORT WILL BE MADE TO REACH PARENTS/GUARDIAN NOTWIRHSTANDING THIS RELEASE FORM.