

# **Parental Medical Authorization for Youth Athletics**

## **Participant Information**

Name of Child

Date of Birth

Sport/Team

## **Parent/Guardian Information**

Parent/Guardian Name

Relationship

Contact Number

Emergency Contact (if different from above)

Emergency Contact Number

## **Medical Information**

Allergies or Medical Conditions

Medications Currently Taking

Family Doctor Name & Phone

Health Insurance Provider & Policy Number

## Authorization and Consent

I, the undersigned parent or legal guardian of the above-named child, hereby authorize the staff and representatives of the youth athletics program to consent to any medical treatment deemed necessary for my child in the event of an emergency during participation. I understand that every effort will be made to contact me prior to such action.

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Parent/Guardian Signature

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Date