

Parental Medical Waiver for Youth Activities

I, the undersigned parent or legal guardian of the minor named below, hereby grant permission for my child to participate in all youth activities organized by _____. I understand that reasonable precautions will be taken to safeguard the health and well-being of all participants.

Medical Authorization

In the event of illness or injury, I authorize adult leaders to secure any necessary medical treatment for my child, including hospitalization, anesthesia, surgery, or other medical care as deemed appropriate by a licensed medical professional. I agree to assume financial responsibility for any expenses incurred.

Medical Information

- Minor's Name: _____
- Date of Birth: _____
- Allergies or Medical Conditions: _____
- Current Medications: _____
- Emergency Contact Name & Phone: _____
- Primary Physician Name & Phone: _____
- Insurance Provider: _____
- Insurance Policy Number: _____

Waiver & Release

I acknowledge and assume all risks associated with participation in the above activities. I hereby release and hold harmless the organization, its staff, volunteers, officers, and agents from any and all liabilities, claims, or causes of action arising out of or related to any injury, illness, or accident that may occur during participation, except as caused by negligence or willful misconduct.

Parent/Guardian Signature

Printed Name

Date

