

Medical Consent

Every player within your organization **MUST** have a parent or guardian sign off on this statement.

If you have any questions, please contact your SAY Administrator prior to completing this agreement.



Consent for Emergency Medical Treatment

We, the Parents of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Parent or Guardian:

Name:

Phone:

Office:

Mobile:

Email:

Emergency Secondary Contact: *(other than parent)*

Name:

Phone:

Office:

Mobile:

Email:

Relationship:

Does your child have any allergies or require special medication:

Yes:

No:

Explanation:

Signature *(Parent/Guardian)*

Date