

# 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.



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## Consent for Emergency Medical Treatment

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

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### Emergency Parent or Guardian:

Name:

Phone:

Office:

Mobile:

Email:

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### Emergency Secondary Contact: *(other than parent)*

Name:

Phone:

Office:

Mobile:

Email:

Relationship:

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Does your child have any allergies or require special medication:

Yes:

No:

Explanation:

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Signature *(Parent/Guardian)*

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Date