

Parent and Medical Consent Form

I, _____, the parent or legal guardian of _____ (participant name), who resides at the below address:

_____ Date of birth is _____.

Contact information:

In case of emergency, please contact me at _____ - _____ - _____ cell or _____ - _____ - _____ work. Secondary person of contact _____ on cell _____ - _____ - _____.

As a parent or legal guardian, I give consent and affirm I have been informed of all the sports activities my son/daughter will participate in while registered with _____ (organization name). I understand the general structure of the sports activities/programs under the Florida Elite Football and Cheerleading, Inc. or my Local FEFC Affiliate(s), program(s) sanctioned event(s), be they official or unofficial, including but not limited to: athletic, social, and fundraising activities.

CONSENT TO TREAT: In my absence, the above-named participant may be admitted to any hospital or medical facility for diagnosis and/or treatment. I request and authorize the following licensed healthcare providers: physicians, dentists, technicians, PA's, surgeons, and nurses to perform any diagnostic procedures, treatment procedures, operative procedures, administer first aid treatment and x-ray treatment but not limited to transportation to and from health care facilities and any medical professional facilities. I understand that this authorization is given before any need for medical care but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. Furthermore, I acknowledge medical care, or treatment could be delayed and may not be possible should my verbal authorization be needed from the medical facility or a licensed medical professional and Hold Harmless FEFC in the delay of any medical treatments necessary for the above participant.

The information provided in this form is complete and accurate. By signing this form, I confirm I have read the contents of this Parent and Medical Consent form, and I fully understand and agree. I hereby attest that I have all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

SPORTS PHYSICAL REQUIREMENT

I hereby attest that this individual is physically fit and has no medical reason that would prevent this individual from participating in the above-mentioned activities; therefore, I am authorizing him/her for athletic participation without limitation.

I understand that I retain the right to have a sports physical evaluation conducted to affirm the same.

I agree to Hold Harmless FEFC in the event I choose not to have a sports physical conducted.

I understand that while FEFC does not require the completion of a sports physical the individual organization in which the above-mentioned individual will be participating may require such documentation per their own policy and insurance requirements.

Parent or Legal Guardian Signature: _____ (printed name will serve as signature)

Parent or Legal Guardian Driver's License number: _____ Date:
