

Medical Treatment Consent

Participant Name: _____ Birth Date: _____

I (the undersigned), as the Parent or Legal Guardian of the child shown above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention. I further acknowledge that on occasion the coaches and staff of the MMRFL, Local Area Staff, and available medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the **KYFC** to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel. I so doing I assume responsibility for the expenses of any such care not covered by my insurance.

Parent or Legal Guardian : _____ Date: _____

Medical Insurance Carrier: _____ Group # _____

Name of Insured : _____ Member # _____

Current Allergies, Conditions, or Medications: _____

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