



Medical Permission to Treat a Minor

In case of an emergency I understand that every effort will be made to contact me, in the event that I can not be reached I hereby give my permission to the physician selected by the event leaders in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections, or medication for the participant. If participant is under 18 years of age this form must also be signed by parent/guardian.

Parent/Guardian Signature: _____

Date Signed: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ Physician: _____

Emergency Contact: _____

Emergency Contact Telephone: (____) _____

Insurance Carrier: _____ Account # _____