

# MEDICAL TREATMENT CONSENT



I, \_\_\_\_\_ the parent or guardian of  
\_\_\_\_\_ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary. I further recognize that White Pigeon Parks & Recreation may be unable to contact me for my consent for emergency medical care. I do hereby consent, in advance, to such emergency medical care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume the expense of such care.

Signature of parent or guardian: \_\_\_\_\_

Other emergency contact numbers if I cannot be reached:

1. \_\_\_\_\_

2. \_\_\_\_\_

If your child has any medical problems that you feel the coach should be made aware of (asthma, diabetes etc.), please list here:

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