

**CONSENT BY PARENT FOR
MEDICAL TREATMENT OF MINOR
11U, 12U, 13U, 14U, 15U, and 16U**

•• Each participant MUST have this release form completed PRIOR to playing**

I hereby give my consent to any medical facility to treat my child/children in an emergency situation in the event that it is impossible to personally reach me. This authority shall extend from the date July 20 - August 1, 2017, and shall apply to the following minors:

Full Name of Child (please print)	Birth date	Date of Last Tetanus	Allergies/Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Name & Address of Parent/Guardian: _____

Telephone: _____ Business Phone: _____

Family Doctor: _____ Phone: _____

Dated this _____ day of _____ 2016

Parent or Legal Guardian
Signature _____

MEDICAL RELEASE FORM

I _____, give my permission for my child, _____ to receive medical treatment while he is in the care of his coach/manager and/or home stay family. During his participation in the 2017, MCYSA/PBR Summer International Championships in Crystal Lake, Illinois between July 20th - August 1st, 2017.

In case of emergency, please call:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any pertinent information regarding your child's health history: _____
