

CONSENT BY PARENT FOR MEDICAL TREATMENT OF MINOR

•• 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 22 - August 4, 2009, 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 _____ 2009

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 2009, 13 Year Old MCYSA/USSSA National Invitational Championships in Crystal Lake, Illinois between July 22th - August 4th, 2009.

In case of emergency, please call:

Name: _____ Phone: _____

Name: _____ Phone: _____

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