

AYFL Permission For Emergency Medical Care

Team: _____

In my absence, I hereby authorize my child's coaching staff, game officials, attending emergency personnel, technicians, nurses and/or doctors to render such emergency treatment, surgery, tests, X-rays, or medical/dental care as they deem necessary and are qualified to render, for my child's health or medical well-being. I also authorize and grant release of any pertinent medical/dental information or history regarding my child from any source as may be needed to facilitate necessary emergency treatment, surgery, tests, X-rays or other medical/dental care.

| | Player Name | Parent/Guardian Name | Parent/Guardian Signature | Date |
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