Medical Consent & Release Form for a Minor

Authorization

I am the parent or legal guardian of the minor named on this form (the "Child"), and I have legal authority to consent to medical care for the Child. While the Child is in the care of , its staff, coaches, counselors or volunteers, or the following adult(s): [names of other authorized adults, if any] (together, the "Caregiver"), I authorize the Caregiver to act on my behalf in obtaining medical care for the Child if I cannot be reached in time.

This authorization covers activities, programs, trips and events organized or supervised by , including travel to and from those activities.

Consent to Medical Treatment

If the Child is injured or becomes ill and I cannot be contacted promptly, I consent to:

- the Caregiver providing first aid within their training;
- the Caregiver calling emergency medical services and arranging transport by ambulance or other vehicle to the nearest appropriate medical facility; and
- licensed physicians, nurses, dentists, paramedics and hospital staff providing any examination, X-ray, anesthesia, medical, surgical or dental diagnosis and treatment, and hospital care they consider advisable in their professional judgment.

I understand that the Caregiver will make every reasonable effort to contact me, or the emergency contacts I have listed, before and during any treatment. This authorization is given in advance to avoid delay in care that a medical professional considers necessary. It does not authorize elective or non-urgent procedures, which require my direct consent.

Over-the-Counter Medication and First Aid

Unless I have indicated otherwise, I permit the Caregiver to give the Child age-appropriate over-the-counter products, such as sunscreen, insect repellent, antiseptic wipes and adhesive bandages. I will tell in writing if the Child may also be given pain relievers or allergy medication, and in what doses. Prescription medication will only be given as I have instructed in writing and in its original labeled container.

Medical Information

I have provided accurate and complete information about the Child's health, including:

- allergies to foods, medication, insect stings, latex or other substances, and the reaction they cause;
- current medications, with dosage and timing;
- medical conditions such as asthma, diabetes, epilepsy, heart conditions or bleeding disorders;
- any emergency medication the Child carries, such as an epinephrine auto-injector or inhaler;
- recent injuries, surgeries or concussions;
- immunization status, including the date of the last tetanus shot if known; and
- dietary restrictions and any physical, emotional or behavioral needs the Caregiver should know about.

I will tell immediately if any of this information changes.

Health Insurance and Costs

I have provided the Child's health insurance information, including the insurer, policy number and policyholder, where available. I accept responsibility for all costs of medical care and transport provided to the Child under this authorization, whether or not covered by insurance.

Release of Medical Information

I authorize medical providers who treat the Child to share relevant medical information with the Caregiver as necessary to care for the Child, and I authorize the Caregiver to share the information on this form with medical providers. will otherwise keep this information confidential.

Release of Liability

I understand that the Caregiver is not a medical professional unless stated otherwise. To the fullest extent permitted by law, I release and its staff and volunteers from liability for decisions made in good faith to obtain medical care for the Child under this authorization, except in cases of gross negligence or willful misconduct.

Duration and Revocation

This authorization is effective from [start date] until [end date]. If no dates are given, it remains in effect until the end of the Child's current program or season with . I may revoke it at any time by notifying in writing. Revocation does not affect actions taken before received my notice.

General

This form is governed by the laws of the state or country in which operates. If any part is unenforceable, the rest remains in effect. A copy, including an electronic copy, is as valid as the original, and an electronic signature on this form has the same effect as a handwritten one.

Please initial each statement

___ I am the parent or legal guardian of the Child and have legal authority to consent to medical treatment for the Child.

___ I authorize {{business}} to obtain emergency and urgent medical care for the Child if I cannot be reached.

___ The medical, allergy and medication information I have provided is complete and accurate.

___ I accept responsibility for the costs of any medical care and transport provided to the Child.

Participant full name

Date

Phone

Email

Emergency contact name & phone

Name(s) of minor participant(s)

Parent / guardian name

Signature