



**MEDICAL CONSENT FORM**

TO: Any Medical Facility/Physician

FROM: \_\_\_\_\_  
(parent/guardian)

\_\_\_\_\_  
(child) (date of birth)

As the parent/legal guardian of the above named child, who is currently a registered member of the \_\_\_\_\_ team of the \_\_\_\_\_ Soccer League, I hereby authorize

\_\_\_\_\_, the team coach, or his designated assistant, to administer first aid, provide transportation to and from a medical services provider, and to request and authorize emergency medical treatment for my above named child while this child is participating in or traveling to/from a team activity. This authorization extends inclusively from \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_.

I assume responsibility for all expenses incurred in the treatment of my above named child. Additionally, my child is covered under a secondary coverage policy through the Louisiana Soccer Association.

\_\_\_\_\_  
Parent's Insurance Company Name Parents Name

\_\_\_\_\_  
Policy Number Home Address

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
City State Zip (\_\_\_\_\_) Home Phone (\_\_\_\_\_) Work Phone

I hereby hold LSA and any affiliated members free and harmless from any claim of damage that might arise in the process of providing medical care to my child, including transportation to and from a medical facility.

\_\_\_\_\_  
Parent's Signature Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires\_\_\_\_\_.