



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 _____.

(raised notary Seal is mandatory)
Revised 8/03