



MEDICAL RELEASE AUTHORIZATION & CONSENT FORM

I hereby give my consent to have my child _____ treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the City of Porterville Arena Soccer program. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I can't be reached, I grant authorization to transport my child to Sierra View District Hospital to secure my child the necessary medical treatment. It is understood that the City of Porterville Parks and Leisure Services Department will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I have read and understood the foregoing medical consent form and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date

Emergency Contact Information

Child's Name _____ Date of Birth _____

Parent/ Guardian Name _____

Phone Number(s) _____

Emergency Contact Name: _____ Phone: _____