



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 Club/League, I hereby authorize _____, the team coach, or his/her designated assistant, 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 Phone Work/Cell Phone

Home Address City State Zip

Mailing Address (if different) City State Zip

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