



Youth Medical Authorization Form

Parents of Seattle Cascades Youth Ultimate Players:

If you would like your child to receive professional medical care in case (s)he is injured in your absence, please complete this form. If this form is not completed, emergency medical providers will not care for your child in your absence unless it is a life-threatening emergency.

Child

Name: _____

Birth date : _____ Age: _____ Sex: _____

Allergies or medical concerns:

Emergency contact

Name: _____

Phone: _____

Medical Authorization

If my child becomes injured or ill, and I cannot be contacted, I give permission to qualified and licensed EMTs, physicians, paramedics, athletic trainers, and/or other medical or hospital personnel to render treatment.

Parent or Guardian

Signature: _____ Date: _____

Printed Name: _____