

AVON SOCCER LEAGUE ASSOCIATION

CONSENT FOR MEDICAL TREATMENT (Minor)

As the parent or legal guardian of the above named player, I hereby give consent to have a Coach, Athletic Trainer, Emergency Personnel and/or Doctor of Medicine or Dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Player Name: _____

Age: _____

Print Parent/
Guardian name: _____

Signature: _____

Telephone (Home): _____

Telephone (Other): _____

Alternate Contact: _____

Telephone: _____

Doctor's Name/Phone: _____

Preferred Hospital: _____

Dentist's Name/Phone: _____

Medical Conditions: _____

Allergies: _____

Medications: _____