

Department of Parks, Recreation and Conservation

Hillsborough County, Florida

YOUTH SPORTS PARTICIPATION

MEDICAL RELEASE FORM

Parents- Please read carefully and sign either Part I or Part II.

PART I

The undersigned, as parent or legal guardian of (print name of child) _____ hereby consents to the following in the event (print name of child) _____ is injured during his or her participation in youth sports:

Agents or officials of the youth organization in which (print name of child) _____ participates may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time, medical treatment may be given to (print name of child) _____ including but not limited to anesthesia and emergency surgical treatments as deemed necessary by a qualified physician at the medical facility.

No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent or Guardian
Name (please print) _____

Parent or Guardian
Signature _____

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH)

The foregoing instrument was acknowledged before
me on this _____ day of _____, 2010, by
_____ who is personally
known to me or who has produced _____ as
identification and who (did) or (did not) take an oath.

Print Name

Notary Public

PART II

The undersigned, as parent of legal guardian of (print name of child) _____,
I do not desire to sign the medical and release form above.

Parent or Guardian
Name (please print) _____

Parent or Guardian
Signature

PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate.