

2016 MURA Youth Cheer

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the Parents of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Contact: Parent or Guardian

Name- _____ Phone- _____

Emergency contact other than parent:

Name - _____ Phone _____

Relationship to player _____

Does your child have any allergies or require any special Medication? **No /Yes**

Explain _____

Parent/Guardian Signature

Date

X _____