Department of Parks and Recreation
Hillsborough County, Florida

YOUTH SPORTS PARTICIPATION
MEDICAL RELEASE FORM

Parents – Please read carefully and sign <u>either</u> Part I <u>or</u> Part II.

<u>PART I</u>

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

Agents or officials of the youth organization in which this 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 this child including but not limited to anesthesia and emergency surgical treatments as deemed necessary by a qualified physician at the medical facility.

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

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, the _____ day of _____, 20___, 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

<u>PART II</u>

The undersigned, as parent or 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 *<u>is not</u>* signed, the child *<u>will not</u>* be allowed to participate