



MEDICAL TREATMENT CONSENT FORM FOR A MINOR

Instructions: To be compliant with Florida Law, effective July 1, 2021, this medical treatment consent form is required to be completed and signed by a parent/legal guardian for any minor athlete to receive emergency and non-emergency medical care at a USA Volleyball sanctioned event/activity in Florida. Athletes should carry multiple copies of this form in their backpacks to all USAV sanctioned practices, camps, clinics, tryouts and events. The signed form will need to be presented to any medical provider before care may be administered.

Minor Athlete Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Attestation: As required by Florida Statute 1014.06(1), I authorize healthcare services to be provided for my minor child, listed above, while participating in any USAV sanctioned activities and events.

Parent/Legal Guardian Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Relationship to Minor Athlete: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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