



## 2023 Parent and Medical Consent Form

I, \_\_\_\_\_, the parent or legal guardian of the  
\_\_\_\_\_ (participant name), who resides at the below  
address: \_\_\_\_\_

For any situation, please contact me at ( )-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- cell or ( )-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
work\_\_\_\_\_. Secondary person of contact \_\_\_\_\_ and ( )-  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- cell number.

As a parent or legal guardian, I give consent, and affirm I have been informed of all the sport activities my son/daughter will participate in while registered with \_\_\_\_\_ (organization name). I understand the general structure of the sport activities/programs under the Florida Elite Football and Cheerleading, Inc. or my Local FEFC Affiliate(s), program(s) sanctioned event(s), be they official or unofficial, including but not limited to, athletic, social and/or fundraising activities.

**CONSENT TO TREAT:** In my absence, the above-named participant may be admitted to any hospital or medical facility for diagnosis and/or treatment. I request and authorize the following licensed healthcare providers: physicians, dentists, technicians, PA's, surgeons, and nurses to perform any diagnostic procedures, treatment procedures, operative procedures, administer first aid treatment and x-ray treatment but not limited to transportation to and from health care facilities and/or any medical professional facilities. I understand that this authorization is given prior to any need for medical care but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. Furthermore, I am acknowledging medical care or treatment could be delayed and may not be possible should my verbal authorization be needed from the medical facility or from a licensed medical professional and Hold Harmless FEFC in delay of any medical treatments necessary for the above participant.

The information provided in this form is complete and accurate. By signing this form, I confirm I have read the contents of this Parent and Medical Consent form whereas I fully understand and agree. I hereby and attest to I have all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

The foregoing document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Notary Public Signature

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Type of ID produced and ID number