MARIETTA YOUTH FOOTBALL ASSOC. INC.

Medical Treatment Authorization Form

Circle one: Football Cheerleading

I hereby give permission for any and/or all-medical attention to be administered to my child in this event of an accident, injury, and sickness, and so forth under the direction of the listed adults below until such time as I may be contacted. The release is effective for any events during which my child is participating in the Marietta Youth Football Association inc. programs or tournaments including travel to and from such sanctioned events of this association. I also hereby assume responsibility for payment for any treatment.

My child name:_____Age_____
Parent /Gaurdian:_____
Street Address_____
City /State/Zip Code_____
Home Phone #_____
Cell phone #_____
Work Phone #_____
Insurance Company_____
Policy #_____
Physician Name_____
Physician Telephone #_____
Please list any allergies and current medications_____
_____
_____

The following listed adults are designated
Coach_____Phone #_____
Coach_____Phone #_____
Coach_____Phone #_____

Parent/Gaurdian
Signature_____Date_____

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD