



2024 Parent and Medical Consent Form

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

Date of birth _____.

In case of emergency, please contact me at _____ - _____ - _____ cell or _____ - _____ - _____
work. Secondary person of contact _____ on cell _____ - _____ - _____.

As a parent or legal guardian, I give consent and affirm I have been informed of all the sports activities my son/daughter will participate in while registered with _____ (organization name). I understand the general structure of the sports 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 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 any medical professional facilities. I understand that this authorization is given before 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 acknowledge medical care or treatment could be delayed and may not be possible should my verbal authorization be needed from the medical facility or a licensed medical professional and Hold Harmless FEFC in the 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, and I fully understand and agree. I hereby attest that I have all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Parent or Legal Guardian Signature: _____ (printed name will serve as signature)

Parent or Legal Guardian Driver's License number: _____

Date: _____
