

**MVJFCA MEDICAL TREATMENT AUTHORIZATION
LEGAL RELEASE FORM**

****This form must be filled out and uploaded at registration online****

I _____, give my consent to have my son/daughter _____ (hereinafter referred to as participant) receive any necessary emergency or medical treatment in case of injury during cheerleading or football activities. I hereby authorize MILL VALLEY JUNIOR FOOTBALL AND CHEER ASSOCIATION and/or their coaching staff to admit said participant into the nearest medical treatment center and place participant under the care and treatment of the attending physician.

MVJFCA is not responsible for loss or damage of property or injury to person. MVJFCA reserves the right to make changes in activities when necessary due to weather or other unforeseen circumstances.

In addition, I release MVJFCA; it's coaches, and volunteer staff of any legal responsibility in case of an accident or injury.

I agree that I am duly responsible for this participant as soon as each event is over.

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and Allergies:

Please list all of prescription and over-the-counter medicines, inhalers, and supplements that you are currently taking:

_____ No Medications

Do you have any allergies? Yes No If yes, please identify specific allergy below

Medicines _____ Pollens _____ Food _____ Stinging Insects _____

What was the reaction? _____

Coach/Asst. Coach may administer over the counter pain reliever to _____ as provided by the parent with dosage to be given. Cheerleader or Football Name

My child may not be picked up by the following people: _____

NOTE: Every effort will be made to contact the parent(s) in case of any emergency prior to transport and within reason so as not to further jeopardize the health of the participant.

Parent Signature Date

Street Address

City State Zip Code

Mother Home Phone Mother Work Phone

Father Home Phone (if different than above) Father Work Phone

Emergency Contact Emergency Contact Phone Number

Physician's Name Physician's Phone

Also, I hereby give my permission for my child to be photographed, videotaped and/or audio taped to be used in print or broadcast media as deemed appropriate.