

# SOUTHWEST ULTIMATE FRISBEE CLUB (MÜS)

## Medical Authorization Form

(Fall 2016)

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of volunteer Coaches including, but not limited to, Chris Hickman, Brian Corradi, Sam Raths, Erin Manlove, Faculty Advisor Joe Sayles, and official Chaperones of the club who have completed, signed and submitted the Chaperone form for the Southwest High School Ultimate Frisbee Club, in the event the parents or guardians cannot be reached.

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of [Name of participant] \_\_\_\_\_ recognize the potentially hazardous nature of the sport of ULTIMATE and that an injury might be sustained. These injuries include but are not limited to PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH. In the event of such an injury to my child and we (I or my spouse or the child's guardian) cannot be contacted, we give permission to qualified and licensed EMTs, physicians, paramedics, and/or other medical or hospital personnel to render such treatment.

We (I) release Southwest Ultimate Frisbee Club, their employees, agents, volunteers and assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

**Parent or Guardian:** \_\_\_\_\_  
Name Printed                      Signature                      Date

**Parent or Guardian:** \_\_\_\_\_  
Name Printed                      Signature                      Date

**Family Physician:** \_\_\_\_\_  
Name Printed                      Address                      Phone

**Preferred Hospital:** \_\_\_\_\_

**Child's Medical Insurance Carrier:** \_\_\_\_\_  
Name    Phone

**Emergency Contact:** \_\_\_\_\_  
Name                      Address                      Phone

Specific facts concerning child's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Completed forms should be given to the Coach. Coaches are responsible for keeping these forms on site at all times.**

Southwest Ultimate Frisbee Club