



# CHICAGO FIRE JUNIORS ★ ★ ★ ★

## Medical Consent Form

TO: Any Medical Facility/Physician

FROM: \_\_\_\_\_  
(Parent / Guardian)

\_\_\_\_\_  
(Child) (Date of birth)

As the parent/legal guardian of the above named child, who is currently a registered member of the \_\_\_\_\_

team of the **Chicago Fire Juniors Louisiana**, I hereby authorize **the Team Head Coach, Assistant Coaches or Team Manager,**

to request and authorize emergency medical treatment for my above named child while this child is participating in or traveling to/from a team activity. This authorization extends inclusively from:

**August 1, 2011 through July 31, 2012.**

I assume responsibility for all expenses incurred in the treatment of my above named child. Additionally, my child is covered under a secondary coverage policy through the Louisiana Soccer Association.

\_\_\_\_\_  
Parent's Insurance Company Name

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

( \_\_\_\_\_ ) \_\_\_\_\_  
Home Phone

( \_\_\_\_\_ ) \_\_\_\_\_  
Work Phone

I hereby hold LSA and any affiliated members free and harmless from any claim of damage that might arise in the process of providing medical care to my child, including transportation to and from a medical facility.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
My commission is for life