**MEDICAL RELEASE FORM**

**Please read carefully and sign**

The undersigned, as parent or legal guardian of (print name of child)

_____

hereby consents to the following in the event (print name of child)

_____

is injured during his or her participation in any practice and/or game of the Florida Spring Youth Football League activities.

Agents or officials of the FSYFL in which (print name of child)_____ participates may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time medical treatment may be given to my child included but not limited to anesthesia and emergency surgical treatment as deemed necessary by a qualified physician at the medical facility.

***No action shall be taken until attempts are made to contact me at the phone number(s) listed below***

Home Phone _____Work Phone _____Cell Phone_____

Parent or Guardian Parent or Guardian Name _____

Parent or Guardian Parent or Guardian Signature _____

(STATE OF FLORIDA) The foregoing instrument was acknowledge by me on this _____ day of _____, 200__

(COUNTY OF _____) _____ *(name of parent/guardian)* who is personally known to me or who has produced Drivers License # _____ as identification and who (did) or (did not) make an oath.

**Notary Public _____**

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