



## Medical Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be in the possession of the event leader or designated adult.

### Minor

Full Legal Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home or Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home or Cell Number: \_\_\_\_\_

Emergency Contact: (if parent is not available) \_\_\_\_\_ Phone: \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_

### Information for Medical Treatment

Physician's Name and Location of Practice: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current medications\*: \_\_\_\_\_

Please note any conditions for which the child is currently receiving treatment: \_\_\_\_\_

Note any other significant medical information: \_\_\_\_\_

**\*Prescription medication MUST be in pharmacy labeled containers.**

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) AND RELEASE OF LIABILITY**

I do hereby state that I have legal custody of the aforementioned minor. I grant my authorization and consent for \_\_\_\_\_ (hereafter "Designated Adult") to administer general first aid for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and to treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his/her best judgment upon the advice of any such medical or emergency personnel.

I also understand and agree that my child's participation in athletic and other activities involves the risk of injury and even death from various causes, including but not limited to accidents, fall, strenuous physical activity, dehydration, collision, weather, equipment defects, and negligence. On behalf of my child, I assume these risks. I hereby release, discharge, and hold harmless and indemnify, and covenant not to sue, Peninsula Racquet Club and/or its representative including staff, employees, trustees, and volunteers.

This authorization is effective: **May 1<sup>st</sup>, 2019 through May 1<sup>st</sup>, 2020.**

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

*This authorization and release must be completed before participant can participate in any activities.  
Treatment for injuries will be based on information provided herein.*

# Transportation and Promotional Release Form

## Transportation Release

Should it be necessary for my child to return home due to medical reason, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

I, the undersigned parent and/or legal guardian of this student, do also hereby give permission for my child to ride in any vehicle driven by an approved and licensed **adult** chaperone while attending and participating in activities sponsored by Peninsula Racquet Club. My child and I understand that seat belts must be worn at all times during transportation.

I do hereby Peninsula Racquet Club of any liability or responsibility in the event my child attends an event of his/her own, not using transportation provided by Peninsula Racquet Club.

➤ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Promotional Release

### Promotional Release

I consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my son/daughter may appear by Peninsula Racquet Club which may be used as promotional materials on brochures and club website.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the images and release and discharge Peninsula Racquet Club from any and all claims arising out of use of the images for the purposes described above.

➤ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This authorization and release must be completed before participant can participate in any activities.*