

MOUNT OLIVE JR. CHEERLEADING ASSOCIATION MEDICAL RELEASE FORM

Medical Release:

Your child may not be treated, even in the event of an emergency situation, except when, in the opinion of the attending physician, a life is in the balance. Written consent of a parent and/or guardian is required, for all treatment given, in any hospital's emergency room, for unmarried minors, except in the case of extreme emergency. Grandparents, neighbors, or siblings cannot authorize emergency treatment. This release will be in possession of your child's team head advisor at all times. Parents must have inhalers with their child at all times.

To Whom It May Concern:

I hereby give permission for my child to participate in the Mt. Olive Jr. Cheerleading Association youth program. In the event of an injury, my insurance will provide the primary coverage. Anything not paid by my insurance will be considered by the Mt. Olive Township Sports Accident Policy, which has a \$500 deductible.

As the parent and/or guardian of the minor listed on this form, I do hereby voluntarily consent to rendering of treatment, by a qualified and licensed medical doctor, authorized members of the hospital staff or their designee, in the event of a medical emergency, which in the opinion of the attending physician, may endanger their life, cause disfigurement, physical impairment, or undue discomfort if delayed. This includes diagnostic procedures, medical/surgical/dental treatment and/or blood transfusions. This authority is granted, only after a reasonable effort has been made to contact myself, for the period of July 10th through December 20th, of the current calendar year.

I hereby acknowledge that no guarantees have been made to me, as to the affect of such examinations and/ or treatments. I have read this form and certify that I will be responsible for all reasonable charges, in connection with the care and treatment rendered during this period.

Please specify any medical allergies, inhalers, chronic illnesses, medicine taken regularly and any other preexisting conditions, also preexisting ones: _____

Cheerleader

Name: _____ Email _____ Home

Phone: () _____ Cell Phone: () _____ Mother's

Name: _____ Father's Name: _____

Parent/Guardian Signature: _____ Date: _____

Physician/Pediatrician Name: _____ Phone () _____

Additional Contacts in Case of Emergency:

Name: _____ Phone: () _____ Cell:

() _____

Name: _____ Phone: () _____ Cell:

() _____