## **USA Ultimate Medical Authorization Form**

V 4.1



Purpose: To enable parents of	or guardians to authorize the	provision of emergency	treatment for their
children who are injured or be	ecome ill while under the aut	hority of [Name of chaperor	ne]
	in the eve	ent the parents or guard	lians cannot be reached.
This acknowledges that we, t	he undersigned, parent(s) or	legal guardian(s) of [Na	ame of participant]
	recognize	e the potentially hazardo	ous nature of the sport o
ULTIMATE that an injury mig DISABILITY, BLINDNESS, P or my spouse or guardian) ca physicians, paramedics, certi such treatment.	ARALYSIS AND DEATH. In unnot be contacted, we give p	the event of such an inj permission to qualified a	ury to my child and we (I and licensed EMTs,
We (I) release USA Ultimate, injuries caused by or having a present or future injuries or ill	any relation to this activity. W	$\prime$ e (I) understand that th	is release applies to any
This release form is complete I have read and understand a		will and with full knowl	edge of its significance.
Parent/Guardian:			
Name Printed	Signature	Date	Phone
Parent/Guardian:			
Name Printed	Signature	Date	Phone
Family Physician:			
Name Printed	Address		Phone
Preferred Hospital:			
Child's Medical Insurance (			
Emergency Contact:	Name		Phone
Name Printed	Address		Phone
Specific facts concerning chil	d's medical history including	allergies, medications b	peing taken, chronic
illness or other conditions wh	ich a physician should be ale	erted to:	

Completed forms should be given to the chaperone. Chaperones are responsible for keeping these forms on site at all times. USA Ultimate <u>does not</u> collect these forms (unless otherwise noted).