

**Department of Parks, Recreation and Conservation
Hillsborough County, Florida**

YOUTH SPORTS PARTICIPATION
MEDICAL RELEASE FORM

Parents – Please read carefully and sign either Part I or Part II.

Part I

The undersigned, as parent or legal guardian of _____ Hereby consents to the following in the event is injured during his or her participation in youth sports _____. Agents or officials of the youth organization in which _____ 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 the time, medical treatment may be given to _____ including but not limited to anesthesia and emergency surgical treatments as deemed necessary by a qualified physician at the medical facility.

No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.

Home Phone _____ Work Phone _____ Cell Phone _____
Parent or Guardian's Name _____ Parent or Guardian's Signature _____
Drivers License Number _____

STATE OF FLORIDA

)The foregoing instrument was acknowledged before me on this, the
)____ day of _____, _____, by _____ who is

COUNTY OF HILLSBOROUGH

)personally known to me or who has produced _____ and
who (did) or (did not) take an oath.

Print Name _____

Notary Public _____

Part II

The undersigned, as parent or legal guardian of _____, I do not desire to sign the medical and release form above.

Parent or Guardian's Name _____ Parent or Guardian's Signature _____