

This form is NOT REQUIRED! However, it is strongly suggested that you use this form or one similar for every child attending just in case emergency medical treatment is needed and the parents are not available. Your league may have a similar form that you can use instead of this one. DO NOT SEND THESE FORMS TO SNI. The Trip Manager needs to keep them at all times.

MEDICAL AUTHORIZATION PERMISSION FORM

PLAYER OR CHEERLEADER NAME

DATE

CHECK ALL THAT APPLY:

- Has my permission to go on the trip to the National Youth Football Championships in Las Vegas, Nevada
- Has my permission to go swimming
- Doesn't have my permission to go swimming and has been so instructed
- In the event the need arises to provide unforeseen or emergency medical treatment to my son or daughter, I understand that every effort will be made to contact me for my permission; however, in the event that I can't be contacted, I hereby authorize the coaching staff of the _____ team to act on my behalf and give them this medical assignment release for necessary medical treatment.

During the period of November 24th – November 27th, 2021, I should be able to be reached by telephone at one of the following numbers:

Area Code _____ / _____ Area Code _____ / _____

Area Code _____ / _____ Area Code _____ / _____

- My son / daughter has no known allergies to any medication
- My son / daughter is allergic to the following medicines or other natural substances:

- My son / daughter is currently taking the following prescribed or over-the-counter medications:

PARENT OR LEGAL GUARDIAN SIGNATURE

Date Signed

Must be witnessed by a person who either knows the Parent or Guardian who is signing this document or the witness is satisfied as to her or his identity by verification of state issued identification.

WITNESS - SIGNATURE

WITNESS - PRINTED NAME

Date Signed