USA Ultimate
Medical Authorization Form
V 4.1

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of Elizabeth Irvine and/or her designees in the event the parents or guardians cannot be reached.

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of *[Name of participant]* _____ _____ recognize the potentially hazardous nature of the sport of

ULTIMATE that an injury might be sustained. These injuries include but are not limited to PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH. In the event of such an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to qualified and licensed EMTs, physicians, paramedics, certified athletic trainers, and/or other medical or hospital personnel to render such treatment.

We (I) release USA Ultimate, its employees, its agents, its volunteers and its assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

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 Carrier: _____
Name Phone

Emergency Contact:

_____
Name Printed Address Phone

Specific facts concerning child's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted to:_____

_____

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