CONSENT FOR TREATMENT OF A MINOR CHILD

As the parent or guardian of _____, I have entrusted his/her care to the coaches and managers of the Three Rivers Soccer Club, of the T-CYSA, when I am not able to be with her or when I cannot be reached in the case of emergency.

I give my permission to the Coaches' & Managers to serve as my agent in giving consent for any medical, hospital, surgical or dental services to be given under the supervision of a licensed Doctor of Medicine or licensed Doctor of Dentistry. I understand I am giving this permission before health care is required for my child, so that care can be given without undue delay according to the judgment of the above agent or agents and the attending physician or dentist.

This authorization shall remain in effect until June 1, 2012, unless I request in writing for it to be revoked prior to this date.

I request that a Plastic Surgeon be used for any facial stitches or cuts. YES_____NO_____

I understand that authorization for treatment also includes responsibility for paying fees related to services provided with the consent of the above agent acting in my behalf.

_____	_____	_____	_____	_____
Child's full Name		Birth date	Date of last Tetanus or DPT	Known allergies to Medicines

List any Medical Problems or Prohibition player has_____

List any Medication currently taken by player_____

Family Physician_____Phone_____

Drug allergies_____

Father_____Mother_____

Address_____Address_____

_____ _____

Home Phone_____Home Phone_____

Employer_____Employer_____

Work Phone_____Work Phone_____

Insurance_____Insurance_____

Local relative or friend_____

Address_____

Phone_____

Relationship_____

Date_____ _____
Parent or Legal Guardian

STATE OF WASHINGTON

COUNTY OF FRANKLIN

I certify that I know or have satisfactory evidence that _____is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____ Signature _____

Title: Notary Public

My appointment expires: _____