



Georgia Buckeyes Youth Football and Cheerleading
Emergency Medical Release

ATHLETE NAME: _____

ATHLETE AGES GROUP: _____

THIS PERMISSION FORM HAS BEEN SIGNED ONLY AFTER UNDERSTANDING AND CONSIDERING THE FOLLOWING:

In the event of an emergency requiring medical attention, I hereby grant consent to a physician, athletic trainer and/or other qualified medical personnel to provide medical treatment to and/or transport my child (named above) to the nearest emergency medical facility. I understand that every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken. However, in the event of an emergency and if I cannot be reached, I give my consent to the medical care provider to perform any necessary emergency treatments. I agree to release any records necessary to the appropriate medical care provider for the purpose of treatment, referral, billing or insurance purposes. I agree to take on any financial burden of said treatment and Georgia Buckeyes, Inc will not be held responsible for medical bills incurred.

PARENT GUARDIAN NAME: _____ **DATE:** _____

PARENT GUARDIAN SIGNATURE: _____