

**2019 FLORIDA SPRING TRAINING CAMP**  
**Authorization to consent to medical treatment of child**

I, \_\_\_\_\_ of \_\_\_\_\_ make oath and say that I am the lawful guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

Information of Child Name: \_\_\_\_\_, Sex: \_\_\_\_\_

Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (year-month-day)

Residing at: \_\_\_\_\_

<i>Health Insurance Information (provide a copy of the health card)</i>	<i>Medications currently used</i>

Illnesses, medical conditions, and/or allergies

I hereby authorize and appoint appointed coaches of the 2019 Florida Spring Training Camp and of Wascana Racing Canoe Club as my agent(s). My agent may consent to my child's medical treatment. My agent may have access to any and all records, including, but not limited to, insurance records regarding medical services or treatment provided.

This authority will be effective starting \_\_\_\_\_ & ending \_\_\_\_\_

Our Family doctor may be contacted at: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Any questions or concerns regarding this authorization may be directed to me at:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, Email \_\_\_\_\_

Signature: \_\_\_\_\_, Date: \_\_\_\_\_