

The Maryville Rugby Football Club

Authorization to consent to medical treatment of minor

I (we), _____ and _____ of the city of _____ of the county of _____, Tennessee do hereby state that I am (we are) the natural parent(s)/(legal guardian(s) having legal custody of : _____ a minor, age _____, born _____19_____,

who resides with me (us) at:

In connection with my (our) son/daughters participation with the Maryville Rugby Football Club, I (we) authorize any accompanying adult bringing my (our) son/daughter to your treatment facility to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision, and on the advice of any physician or surgeon who is licensed to practice when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. Valid January 1st, 2006 to January 1st, 2007 inclusive.

I (we) waive all claims against the above referred to adult, physicians, hospitals, and their employees, ambulatory care, etc, in connection with the decisions for immediate care.

To contact me (us) call: Area Code: _____ Number _____

Area Code: _____ Number _____

Childs allergies (if any): _____

Medicines child is currently taking: _____

Health Insurance Company: _____

Policy Number: _____

Name of the Policy Holder: _____

(X) _____ Date: _____

(X) _____ Date: _____