



Grand Blanc Youth Football and Cheer Inc.
Official Medical Treatment Authorization

I, _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, _____, and I further recognize that volunteers or staff overseeing the Grand Blanc Youth football and Cheer program may be unable to contact me for my consent for emergency medical care. I do hereby authorize in advance the volunteers and staff of Grand Blanc Youth Football and Cheer to consent on my behalf as they may deem necessary to such emergency medical care, as may be deemed necessary under the then existing circumstances by available medical personnel. In so doing I assume responsibility for the expenses of any such care not covered by my insurance, including ambulance and/or hospital care.

Print Name of Parent / Legal Guardian: _____

Signature of Parent / Legal Guardian: _____

Medical Insurance Carrier: _____