



**WENTZVILLE WILDCATS YOUTH FOOTBALL ASSOCIATION  
MEDICAL CONSENT FORM**

To Whom It May Concern:

I, the undersigned Parent or Legal Guardian of \_\_\_\_\_

do hereby authorize a representative of the Wentzville Little League Football Association to give permission required to obtain medical treatment in the event he/she becomes ill or is injured during a Wentzville Little League Football Association activity at which I am absent or I am unable to be contacted.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name of Parent or Legal Guardian)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Work Phone)

\_\_\_\_\_  
(Print Name of Emergency Contact)

\_\_\_\_\_  
(Phone #)