



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

To Whom It May Concern:

I, the undersigned Parent or Legal Guardian of _____

do hereby authorize a representative of the Wentzville Wildcats Youth Football Association to give permission required to obtain medical treatment in the event he/she becomes ill or is injured during a Wentzville Wildcats Youth 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 #)