

TOWN & COUNTRY OPTIMIST LACROSSE - CONSENT FOR MEDICAL TREATMENT

League & Team: _____ **Coach:** _____

If my child/ward is injured at a function of the Town & Country Optimist Lacrosse Association, in which I am not in attendance, I hereby give my consent for routine first aid to be administered by the organization officials and others, as necessary. I agree to hold harmless any of the aforementioned individuals, as well as T&C Optimist Club and T & C Lacrosse Association.

Any incident that requires more than routine first aid treatment, in which organization members are not able to immediately contact the parent or legal guardian, the aforementioned officials will contact 911 for emergency medical services.

[illegible]