

Parent Authorization to Consent to Treat

If in the judgment of the adult leader in charge, the below named player needs immediate care and treatment as a result of any injury or sickness, I the undersigned, parent/Legal Guardian of: _____, a minor, do hereby request, authorize and consent to such care and treatment as may be given to my child. I hereby AUTHORIZE the **Katy Rugby Football Club** as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable and is to be rendered under the general or special supervision of any licensed physician/surgeon, whether such treatment is rendered at the office of the said physician/surgeon or at hospital.

Player (Must be signed if age 18 & Older)	Parent/Guardian
Signature:	Signature:
Print Name:	Print Name:
Date:	Date:

Date of birth (mm/dd/yyyy): _____

Team: Minis Gr 1-2 Gr 3-4 Gr 5-6 Jr High High School