

KAZUO MASUDA VFW POST 3670 YOUTH GROUP Orange County, California

PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned, am the parent or guardian of V.F.W. Youth Group or South East Youth Organization. In the event our son/daughter becomes ill or sustains an injury while in the care of or under the supervision of the managers, coaches or other representatives of V.F.W. Youth Group or South East Youth Organization, they are given permission to administer first aid for his or her relief. I understand that an attempt will be made to contact me at the time of the accident or illness if times permits. If it is not practical to return him or her to us or to receive our instructions for his or her care, consent is given to have any medical or surgical treatment performed as any licensed physician deems necessary for the relief of pain and to preserve his or her life and health.

CHILD'S NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____ CITY: _____

ZIP CODE: _____ HOME PHONE: () _____

FATHER'S NAME: _____ WORKPHONE: _____

MOTHER'S NAME: _____ WORK PHONE: _____

EMERGENCY NAME: _____ PHONE: _____

EMERGENCY NAME: _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

DOCTOR'S ADDRESS: _____ PHONE: _____

HEALTH/ACCIDENT INSURANCE PLAN? _____ POLICY NO: _____

NAME OF COMPANY: _____

ALLERGIES: _____

I hereby hold harmless the V.F.W. Post 3670 Youth Group and South East Youth Organization and coaches, from any liability, including injuries, in connection with SEYO or V.F.W. or SEYO sanctioned activities. I understand that medical insurance is my responsibility. This form shall remain in full force for a period of one year from signed date unless rescinded in writing by myself.

MOTHER OR GUARDIAN SIGNATURE: _____ DATE: _____

FATHER SIGNATURE: _____ DATE: _____

This form must be filled out completely and is to be available at each activity.