

Department of Parks, Recreation and Conservation
Hillsborough County, Florida

YOUTH SPORTS PARTICIPATION
MEDICAL RELEASE FORM

Parents - Please read carefully and sign either Part I or Part II.

PART I

The undersigned, as parent or legal guardian of (print name of child) _____
Here by consents to the following in the event (print name of child) _____
is injured during his or her participation in youth sports:

Agents or officials of the youth organization in which (print name of child) _____
participates may administer first aid or arrange for transportation to a medical facility if the agent or
official deems there to be an emergency. At that time, medical treatment may be given to (print name of
child) _____ including but not limited to anesthesia and emergency
surgical treatments as deemed necessary by a qualified physician at the medical facility.

No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent or Guardian
Name (please print) _____

Parent or Guardian
Signature _____

STATE OF FLORIDA)

The foregoing instrument was acknowledged
before

)

me on this, the _____ day of _____ **2014,**
by

COUNTY OF HILLSBOROUGH)

_____ who is personally
known to me or who has produced
_____ as identification and who (did)
or (did not) take an oath.

Print Name

Notary Public

PART II

The undersigned, as parent or legal guardian of (print name of child) _____
_____, I do not desire to sign the medical and release form
above.

Parent or Guardian
Name (please print) _____

Parent or Guardian
Signature _____

PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate.