

THE OHIO HIGH SCHOOL CUP

Emergency Medical Authorization

We/I, _____ as parents/guardians of _____

give our /my permission for emergency treatment and examination of my child and to render emergency medical

care in the event we/I cannot be reached immediately. If this permission is denied please state reasons and list alternative action to be taken by coach, OHS Cup personnel, and medical team.

Our/My child's physician is _____

Physician address _____

Physician phone _____

Our/My insurance is with _____

Insurance policy number _____

Parent's/Guardian's phone _____ H _____ C _____ W _____

List any necessary and particular medical information for this player:

The person signed below also acknowledges and understands the risks involved with the participation in athletic contests, and with this knowledge and understanding will not hold liable The Ohio High School Cup, Ltd. for injuries and accidents which are a natural occurring facet of athletic participation and its environs.

Signature of parent(s) or guardian(s) _____

Date _____

Note Well:

Coach or team representative must present this form for each player participant at registration and must have it in their possession at each contest. Just as in regular high school contests, the coach is responsible for maintaining these forms and having them in their possession.