

MID-FLORIDA YOUTH CONFERENCE

MEDICAL RELEASE FORM

I/We, _____, of _____
(Parent/Guardian) (Street Address)

_____, City of _____
(City)

County of _____, State of FLORIDA, am/are
(County) (State)

the parent(s)/ guardian(s) have legal custody of _____, a minor,
(Child's Name)

age _____, born _____, who reside with me/us at the set
(Age) (DOB)

form above.

I

IN CASE OF AN EMERGENCY, I/We authorize St. Pete Gators, an organization and its adult representatives, in whose care the minor has been entrusted, and who resides at 3638 14th Ave S, City of St. Petersburg, State of Florida, to take said minor to an emergency room, doctor's office, clinic, or hospital. I/We also give my/our consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or surgeon licensed to practice in any state of the United States and do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and to hospital care, to be rendered to the minor by a dentist licensed to practice in any state of the United States.

Dated this _____ day of _____, 2023

Before me personally appeared

this _____ day of _____

2023

(Parent or Guardian)

Notary Public

My commission expires: _____