TOWN & COUNTRY OPTIMIST VOLLEYBALL - CONSENT FOR MEDICAL TREATMENT

League & Team:_____ Coach:_____

If my child/ward is injured at a function of the Town&Country Optimist Volleyball Association, in which, I am not in attendance, I hereby give my consent for routine first aid to be administered by the organization officials and RRISD employees. I agree to hold harmless any of the aforementioned individuals, as well as T&C Optimist Club and RRISD.

Any incident that requires more than routine first aid treatment, in which organization members are not able to immediately contact the partner or legal guardian, the aforementioned officials will contact 911 for emergency medical services.

Players Name	Parent/Guardian Signature	Home Phone	Cell Phone	Medications/Allergies