

## CUPA Medical Authorization Form 2011

(version 2011.1)

Purpose: To enable parents or guardians to authorize the provision of emergency medical treatment for their children who are injured or become ill while under the authority of \_\_\_\_\_ [Name of chaperone] in the event the parents or guardians cannot be reached.

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of \_\_\_\_\_ [Name of Participant] recognize the potentially hazardous nature of the sport of ULTIMATE that an injury might be sustained. These injuries include, but are not limited to PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH. In the event of such an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to qualified and licensed EMTs, physicians, paramedics, and/or other medical or hospital personnel to render such treatment.

We (I) release the Cincinnati Ultimate Players Association, its employees, its agents, its volunteers and its assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

**Parent or Guardian:** \_\_\_\_\_

Name Printed

Signature

Date

**Parent or Guardian:** \_\_\_\_\_

Name Printed

Signature

Date

**Family Physician:**

\_\_\_\_\_  
Name Printed

Address

Phone

**Preferred Hospital:** \_\_\_\_\_

**Child's Medical Insurance Carrier:** \_\_\_\_\_

Name

Phone

**Emergency Contact:**

\_\_\_\_\_  
Name

Address

Phone

Specific facts concerning the child's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted to:

\_\_\_\_\_