



## AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR CHILD

I/We, hereby give authorization to any of the following people:

Missouri Wolverines Coaches and Staff  
NSYFL Staff and Game Officials

To consent to unexpected or emergency medical, dental treatment and/or surgical care for my/our child on my/our behalf, and to consent to hospitalization if, at time of injury or illness, it is recommended by a private physician or consulting physician of their choice.

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Any medical conditions? \_\_\_\_\_

In case of Emergency, contact not living with you: \_\_\_\_\_

Relative Name

Phone

\_\_\_\_\_

Date

\_\_\_\_\_

Date