

CONSENT TO TREAT MINOR CHILD / YOUTH ATHLETIC EVENTS

I, as the parent and/or legal guardian of the minor child listed below, hereby give consent for Baptist Health South Florida, Inc. and its affiliates and their employees and independent contractors to provide health care services to and/or prescribe medicinal drugs to my child at any physical, practice, game or other event related to my child's participation in youth athletics.

Print Name of Minor Child: _____

Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: _____