

PARENTAL CONSENT FORM



EMERGENCY TREATMENT

THE FOLLOWING FORM IS TO GIVE PERKIOMEN VALLEY YOUTH FOOTBALL (PVYF) INFORMATION AND PERMISSION TO TREAT YOUR CHILD IN CASE OF AN EMERGENCY IN THE RARE CASE THAT YOU CANNOT BE REACHED IN A REASONABLE AMOUNT OF TIME. THIS FORM MUST BE COMPLETED BEFORE YOUR CHILD WILL BE PERMITTED TO PRACTICE. THE COACH WILL CARRY THIS FORM TO ALL GAMES, HOME AND AWAY, SO THE INFORMATION WILL BE READILY AVAILABLE.

Child's Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name(s): _____

Phone: (home) _____ (work/cell): _____

IF I CANNOT BE REACHED AT THE ABOVE NUMBERS, PLEASE CONTACT THE FOLLOWING ON MY BEHALF:

Name: _____ Phone: _____

Relationship to child: (Grandparent, etc.) _____

I, _____, give my permission for emergency diagnosis and treatment of my child, _____, if such treatment is felt appropriate by the coach or PVYF Personnel.

Diagnosis and treatment may be given by the nearest medical or emergency treatment facility:

Family Doctor is: _____ Phone: _____

Parent/Guardian Signature: _____

Health Insurance Carrier: _____

Policy Number: _____ Expiration: _____

PHOTO CONSENT

I (*do / do not*) give PVYF permission to display pictures of my child/children for both use on their website, social media, and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to PVYF become the property of PVYF. I do not hold PVYF responsible for any unauthorized download or distribution of said photos.

Child's Name: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____