



PERMISSION FOR MEDICAL/SURGICAL/DENTAL CARE

I am the parent/guardian of _____ who is a
(Child's Name)
member of East Providence Youth Soccer Association (EPYSA). I understand
that my child may need to receive medical or surgical and/or dental care of a routine
emergency nature while participating in training sessions, games and/or tournaments
with EPYSA. Such care will be arranged by his/her coach

(Head Coach Name) or his/her manager _____
(Manager Name).

I hereby appoint _____ or _____
(Head Coach Name) (Manager Name)
to act for me in securing medical, surgical, and/or dental treatment.

Date

Child's Name

Parent/Guardian Printed Name

Parent/Guardian Signature