



Name: _____ Birthdate: _____

Parent or Legal Guardian's Name: _____

Phone number for Parent or Legal Guardian: _____

Secondary Contact in case of Emergency: _____

Email Address: _____

Allergies: _____

Consent for Medical Treatment of a Minor

I, _____ (parent or legal guardian), being the parent or legal guardian of _____ (Minor's name), give my permission for members of the ComedySportz staff to seek emergency medical and surgical treatment in the event that such treatment becomes necessary. I grant my permission for treatment by a licensed physician and the physician's assistants and designees, including such hospital or urgent care personnel as the licensed physician may deem necessary. The minor named in this consent document may receive all treatment provided according to generally accepted standards of medical practice.

My consent is effective for the period of _____ through _____.

Signature of Parent or Guardian

Date