

TOWN & COUNTRY OPTIMIST BASKETBALL - CONSENT FOR MEDICAL TREATMENT

League & Team: _____ Coach: _____

If my child/ward is injured at a function of the Town&Country Optimist Basketball Association, in which, I am not in attendance, I hereby give my consent for routine first aid to be administered by the organization officials and RRISD employees. I agree to hold harmless any of the aforementioned individuals, as well as T&C Optimist Club, RRISD, and the SPURS DFL.

Any incident that requires more than routine first aid treatment, in which organization members are not able to immediately contact the partner or legal guardian, the aforementioned officials will contact 911 for emergency medical services.

[illegible]