

I hereby consent for my child to be transported to the nearest hospital and have any medical treatment deemed necessary by the attending physicians. It is my intent to grant authority to administer and perform any and all examinations, treatment and diagnostic procedures, which during the course of my child's care may be deemed advisable and necessary. I've been advised that the insurance carried by the Pembroke Pines Optimist is strictly a secondary policy. A very basic policy intended for those without Insurance. I understand there will be a deductible and I am responsible for filing my own claims.