

Medical Authorization Form Sample for Sports Activities

This **medical authorization form** sample is designed to ensure the safety and well-being of participants in sports activities by providing essential health information and parental consent. It helps coaches and organizers manage any medical conditions or emergencies effectively. Using this form promotes a secure environment for all athletes involved.

Participant Information

Full Name:

Date of Birth:

Home Address:

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Email Address:

Medical Information

Allergies (if any):

Medical Conditions:

Current Medications:

Primary Physician's Name:

Physician's Contact Number:

Authorization and Consent

I hereby authorize my child to participate in the sports activities. In case of emergency, I authorize the staff to seek necessary medical treatment. I confirm that all information provided is accurate and complete.

☐ I agree and give my consent.

Parent/Guardian Signature:

Date:

Submit