

AUTHORIZATION FOR MEDICAL/DENTAL TREATMENT

I, the undersigned, parent and/or legal guardian of (if Player is a minor), or the person (if Player is age of majority), _____ (Player) hereby grant permission for the Alabama NDNS Athletics Inc, its officers, employees, coaches, and trainers, to authorize medical or dental treatment for the Player by any available and qualified physician/dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the Player. Furthermore, on-going medical treatment is authorized until such time as the undersigned shall dismiss these physicians/medical personnel in writing and have engaged another qualified physician. This permission and authorization include admission to a hospital or medical facility if the attending physician deems it necessary.

Player Name (printed)

Parent or Legal Guardian Signature (If player is a minor)

Date