

Universal SuperStars Association, Inc.

USA Cheers

Medical Release Form

Parental Consent for Medical Treatment

Name of School _____

I, the undersigned being the parent, legal next-of-kin, or legal guardian of _____ hereby authorize any necessary medical treatment for this person during the time in which he/she is participating in activities or events with Universal SuperStars Association Inc / USA Cheers. I also guarantee payment of all charges incurred during the course of said medical treatment (physician, hospital, x-ray, lab, medication, ambulance, etc.)

In regard to such person, I submit the following information:

1. Allergies to foods, medications, etc. (If none, state it so):

2. Special medical problems (If none, state it so):

3. Does participant carry or require medications? (If none, state it so):

Medication: _____

Purpose: _____

Medication: _____

Purpose: _____

4. Date of last Tetanus shot: _____

5. Family Physician: _____

Office Address/Phone: _____

Parent/Guardian Signature

Date

I _____ (authorized parent and/or legal guardian of minor), release Universal SuperStars Association, Inc. / USA Cheers staff and/or contract individuals of all responsibility and/or liability during the time that he or she is participating in activities or events with Universal SuperStars Association, Inc. / USA Cheers.

Parent/Guardian Signature

Date

TYPE OR PRINT NAME OF PERSON SIGNING: _____

Relationship: _____ Witnessed by: _____

Residence Address: _____

Day Phone: _____ Evening Phone: _____