



2017 Jimbo Fisher Football Camp

P.O. Box 2195
Tallahassee, FL 32316



Consent for Treatment of a Minor

Name of Camper _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth _____

Session/Date Attending _____

Parent/Guardian _____

Relationship _____

Home Phone () _____ Cell Phone () _____

Business Phone () _____ Email _____

Medical Conditions (allergies, etc.) _____

I, the undersigned, as parent/legal guardian of (camper) hereby authorize such diagnostic, medical, and/or surgical treatment of such minor as may be considered necessary or appropriate under circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and Florida State University and its officers, and employees shall not be responsible in any way for the consequences from said diagnostic, medical and or surgical treatment and hereby release from any and all claims and causes of action that arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provides that these services are performed with ordinary care to the best of their ability.

Signature of Parent/Legal Guardian

Date

Insurance Company

Policy Number

() _____
Phone number of insurance Company

Attach a copy of insurance card