2026-27 Consent to Treat & Emergency Medical Authorization

(Under 18 Years of Age)

Player Name: _____ Team: _____

In the event reasonable attempts to contact me or my spouse (guardian) are unsuccessful, I, the undersigned parent/guardian, do hereby give my consent to Utah High School Hockey, Inc. (UHSH), it's member teams, volunteers, coaches and administrative management to obtain emergency medical care for my child/ward named above from any licensed physician, emergency personnel, qualified medically trained person, hospital or clinic and authorize treatment for any injury that could arise from his/her participation in any UHSH activity. In case of an emergency and if unable to contact me or my spouse please notify:

Notify 1 Name: _____

Notify 1 Relationship: _____

Notify 1 Best Phone Number: _____

Notify 2 Name: _____

Notify 2 Relationship: _____

Notify 2 Best Phone Number: _____

Parent/Guardian Signature: _____

Date: _____