



Utah High School Hockey, Inc.

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

_____ who is the _____ of my
child/ward at (_____) _____.

Parent/Guardian Signature

Date