



# 44<sup>th</sup> GIRLS JUNIOR PGA CHAMPIONSHIP MEDICAL AUTHORIZATION

2019 Junior PGA Championship Section Events. Please fax or email this completed form to your section or bring to the event site according to your section's instructions.

Contestant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND NOTARIZED EVEN IF THE CONTESTANT IS ACCOMPANIED BY HER PARENT(S)/GUARDIAN.**

To Whom it may concern:

This will introduce my child, \_\_\_\_\_ who is in the care of the \_\_\_\_\_ PGA Section's Tournament Director, during the week of \_\_\_\_\_, 2019.  
(PGA Section) (Event Dates)

Should my child need medical attention during this time, the \_\_\_\_\_ PGA Section's Tournament Director or another person designated by her, has my permission to take the necessary steps to ensure her health, well-being and/or other measures that she may deem necessary and appropriate.  
(PGA Section)

Should you have any questions, please call me at:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian - PLEASE PRINT NAME

\_\_\_\_\_  
Parent or Guardian - Signature

\_\_\_\_\_  
Date

## NOTARY

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires