

Parent/Guardian of minor student athletes,

Please complete both of the following statements. One is placed in the team's travel kit and the other will be located in the athletic training room.

Thank you.

CONSENT FOR THE TREATMENT OF MINORS

Athlete's Name _____ Sport _____

I hereby authorize and give consent for my son/daughter _____
(name)

to receive medical treatment on an as needed basis.

Date

Signature Parent/Legal Guardian

CONSENT FOR THE TREATMENT OF MINORS

Athlete's Name _____ Sport _____

I hereby authorize and give consent for my son/daughter _____
(name)

to receive medical treatment on an as needed basis.

Date

Signature Parent/Legal Guardian