

**AUTHORIZATION TO CONSENT TO
TREATMENT OF MINOR**

(I), (We), the undersigned, parent(s)/guardian of _____, a minor, do hereby authorize the District as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective until _____ (date), unless sooner revoked in writing delivered to said agent(s).

Dated: _____

Parent/Guardian: _____

This attachment to the ATHLETIC CONTRACT must be signed by the student and his/her parent/guardian and returned to the school.

(I), (We) have read the rules set forth by the Athletic Department of School District and will abide by all of the rules set forth. (I), (We) have read and acknowledge the information contained in the warning about serious, catastrophic and, perhaps, fatal accidents.

Athlete's Signature Date

I have read the rules set forth by the Athletic Department of District and give consent for my son/daughter or ward to participate in co-curricular activities and to travel with a representative of the school on trips. In case the above named student is injured, you are authorized to have him/her treated.

Parent or Guardian Date