

## MEDICAL CONSENT FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: \_\_\_\_\_

### **PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL ASSISTANCE**

I hereby authorize Sheridan County School District #3 and its staff members in charge of my child named above to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

Parent/Guardian printed Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Work Phone No. Father \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Work Phone No. Mother \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Work Phone No. Guardian \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Please list additional medical information (allergies, etc....)

\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **ASSUMPTION OF RISK**

By its nature, participation in interscholastic athletics includes risk of injury, which may range in severity from minor, to disabling, to even death. Although serious injuries are not common in school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all the safety rules, report all physical problems to their coaches, follow a proper conditioning program and inspect their own equipment daily.

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_