



### **MEDICAL CONSENT FORM**

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatments, X-Ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer/coaches to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

All pertinent health history, medical conditions, allergies, special medication needs, and/or other medical information you deem necessary, have been listed in the Medical Information box provided in the on-line registration process.