

Consent for Medical Treatment

Benzie Central High School- Athletic Training



I, _____, an 18 year-old or Parent or legal guardian of _____, born _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personal may be unable to contact me for my consent for emergency medical care. The emergency medical care initially, will be provided by a Certified Athletic Trainer or Board Certified Sports Clinical Specialist in Physical Therapy (SCS). I do hereby consent in advance to such emergency care, including hospital care, as deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Students Name: _____ Gender: _____ Grade: _____

Emergency Contact 1 Name: _____ Relation: _____

Cell: _____ Work: _____

Emergency contact 2 Name: _____ Relation: _____

Cell: _____ Work: _____

Signature of Parent or Guardian or 18 year-old

Date: _____