

Medical Treatment Consent For:

Name of Student-Athlete

Graduation Year

I hereby grant permission to any qualified physician to furnish emergency medical care and treatment to the above student. I also hereby grant permission for qualified athletic trainers at Delton Kellogg High School to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonably necessary to protect the health and well-being of the above named student-athlete.

I understand that these terms apply to any injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for Delton Kellogg High School, including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment is administered.

I also understand that this form will be kept on file in the athletic office for the entire career of the above said athlete.

Signature of Student-Athlete

Signature of Parent / Guardian