

Either CHOICE 1 OR CHOICE 2 Must be Selected/Completed

CHOICE 1: To Grant Consent

In the event reasonable attempts to contact me at _____ or _____ at

Phone Number Other Parent Phone Number
Have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by

Dr. _____ at _____ or Dr. _____ at

Preferred Physician Phone Number Preferred Dentist Phone Number

Or, in the event the designated practitioner is not available, by another licensed physician or dentist; and, the transfer of my

child to _____ or any hospitable reasonably accessible.
Preferred Hospital

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in necessity for such surgery, are obtained before surgery is performed.

Signature of Legal Guardian _____ Date _____

CHOICE 2: Refusal To Consent (DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1)

I do *NOT* give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION OR

TO: _____

Signature of Legal Guardian _____ Date _____

Please Read the Athletic Handbook with your son or daughter and sign the form below

My child and I have read the St. Francis Middle School Athletic Handbook in its entirety and understand fully its contents. We hereby acknowledge that by signing this form we agree to abide by the rules and principles set forth in this text.

(STUDENT'S PRINTED NAME)

(STUDENT'S SIGNATURE)

(DATE)

(PARENT'S SIGNATURE)

(DATE)