

LUCIA MAR UNIFIED SCHOOL DISTRICT
STUDENT SPORT PARTICIPATION FORM
(Consent for Medical Treatment of a Minor)

Every athlete must have this form on file with his/her coach. If an athlete is injured, his/her coach will be able to contact the parent/guardian promptly on how best to handle the injury or emergency.

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent's Name: _____ Work Phone: _____

Guardian's Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

Number to call in case of emergency: _____

Name and relationship of emergency contact above: _____

In the event of a medical emergency, the coach will make every effort to contact the parent/guardian immediately. If parent/guardian cannot be contacted immediately, staff will call the doctors listed below or use the services of a Lucia Mar Unified School District nurse, or, if not available, call any available physician.

First choice: Dr. _____ Phone No: _____

Second choice: Dr. _____ Phone No: _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I hereby authorize any duly licensed doctor, emergency medical technician, hospital, or other medical facility to treat said minor for the purpose of attempting to relieve any injuries while he/she was a participant on a Lucia Mar Unified School District athletic team (Middle School).

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he/she may encounter during necessary operation. I furthermore consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any risk on behalf of myself and said minor. I acknowledge that no warranty is made as to the results of any treatment.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Guardian's signature: _____ Date: _____