

Monroe High School Athletics

Consent to Treat

(This form *MUST* be completed at the beginning of the season for *EACH* sport athlete participates in.)

MEDICAL TREATMENT CONSENT

To be completed by Parent or Guardian (Please Print Clearly)

I, _____, a parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

X _____
Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Phone #

Other Emergency Phone #'s In Case Parent Cannot Be Reached:

Name

Relationship to Student

Phone #

Name

Relationship to Student

Phone #