

# Sierra College Athletic Training Medical Consent for Minors

Phone: 916-660-8107 Fax: 916-630-4566

Student Athlete: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize the athletic trainers at Sierra College, who are under the direction and guidance of the Sierra College team physicians, to render to my son or daughter any preventive, first aid or rehabilitative treatment that they deem reasonably necessary to the health and well being of my child. Permission is also granted to the athletic trainers to provide the needed emergency treatment and first aid to the athlete prior to their referral and/or transportation to a medical facility.

Permission is hereby granted to the attending physician to proceed with any minor medical treatment, x-rays or other evaluative procedures for the above named student athlete. In the event of serious illness, the need for major surgery, or significant injury, I understand that an attempt will be made to contact me in the most expeditious way possible. If said medical facility personnel is not able to communicate with me, consent is given for emergent or urgent treatment in the best interest of the above named student athlete.

In the event that an emergency arises during a practice session or competition, an effort will be made to contact the parents or guardians as soon as possible.

---

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Student-athlete \_\_\_\_\_ Date \_\_\_\_\_

## Telephone Numbers Where Parents/Guardians Can Be Reached

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_