

Medical Treatment Consent

I _____ (parent/guardian) of above stated Student Athlete 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 hereby consent in advance to such emergency care, including transportation and hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

parent/guardian signature

date

Financial Responsibility Statement

Equipment issued to a student athlete is the sole property of the Whittemore-Prescott School District. If issued equipment is lost or stolen, the student is responsible for full replacement cost.

parent/guardian signature

date

student athlete signature

date

Parents and students are to read the Athletic Handbook. This form and the physical examination form are to be completed by the parent/guardian and filed with the athletic director before the student may begin to participate.

I _____ give my child permission to ride home from all away events with the following person(s).

Name

Relationship

Phone number

Name	Relationship	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By Signing below, I release Whittemore-Prescott Area Schools from all liabilities.

parent/guardian signature

Date