

Whitney High School



Athletic Department

Student Name: _____ Birthdate: _____

Grade Level: _____

Allergies: _____

Special Medications: _____

Parent/Guardian Name and Phone: _____

Family Physician Name and Phone: _____

Insurance Company: _____

Policy Number: _____

RISK WARNING. I hereby give my consent for the above named student to compete in a Whitney High School camp/clinic. I authorize the student to be supervised by a representative of the school. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment. Participating in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks. However, it is impossible to totally eliminate such incidents from occurring. Players may reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following proper conditioning program and inspecting their own equipment daily. Damaged equipment must be replaced. Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur.

AUTHORIZATION TO TREAT A MINOR. I (we) the undersigned parent, parents or legal guardian of the above named student, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

List any restrictions: _____

By signing below I give my son/daughter above named to compete in a Whitney High School camp/clinic. I have read and understand the risk warning. Moreover, I have read the authorization to treat a minor and agree to it. This consent shall remain in effect for the entire session of the camp/clinic.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____