

# MEDICAL TREATMENT CONSENT FORM

I hereby authorize the physician(s) for the Shawnee Mission School District and its schools, and/or their consulting physicians, to administer emergency care to:

\_\_\_\_\_  
**Student/Athlete's Name**

to render any treatment or medical care to the above named student-athlete, to render any treatment or medical or surgical care that they deem necessary to protect his or her health and well-being, and to arrange for any consultation by medical specialists, including surgeons, which they deem necessary to insure the proper care and treatment of any injury.

In the absence of the school's authorized physician(s), **I hereby grant permission** to any qualified physician to furnish emergency medical care and treatment under the guidelines specified above. Additionally, I hereby authorize hospitalization at an accredited hospital if deemed reasonably necessary to provide the proper care for the treatment of any injury sustained by the above named student-athlete. **I also hereby grant permission** for qualified athletic trainers to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonably necessary to protect the health and well-being of the above named student-athlete.

I understand that the terms hereof apply to any injury, illness, or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation, including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

X \_\_\_\_\_  
**Parent/Guardian's Signature** **Date**

# RELEASE OF INFORMATION AUTHORIZATION

**Student/Athlete's Name** \_\_\_\_\_

I hereby authorize the release of any and all information relating to the athletic participation of the above named student-athlete to the media as well as to college scouts and recruiters.

X \_\_\_\_\_ X \_\_\_\_\_  
**Student/Athlete's Signature** **Date** **Parent/Guardian's Signature** **Date**