

**WHITE RIVER HIGH SCHOOL Chris Gibson, Athletic/Activities Director**

**Parent/Guardian Consent to Treatment of Student-Athlete**

I, \_\_\_\_\_ the undersigned parent/guardian of

\_\_\_\_\_  
Name of Student

a minor, do hereby authorize the White River School athletic department director, coaches, athletic trainer or other school representative on my behalf to consent to any medical treatment deemed necessary by any licensed physician/surgeon in the event of illness or injury to the above named minor.

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

If, in the judgment of any representative of the school, the above named student needs immediate care and treatment as a result of any injury or illness, I do hereby request, authorization, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative, and I do hereby agree to indemnify and hold harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I hereby authorize any hospital that has provided treatment to the above name student to surrender custody of that student to the coach, athletic trainer, or other school representative upon completion of treatment.

These authorizations shall remain effective until the end of the 20\_\_\_\_/20\_\_\_\_ school year.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's

\_\_\_\_\_  
Date