



Permission for Medical Treatment

I, the undersigned parent or legal guardian of _____, understand that my
(Student's Name)
child is involved in activities of the North Broward Preparatory School's Athletic Program that could lead to injuries and the need for medical attention. I do hereby authorize the athletic training staff and/or coaching staff of the North Broward Preparatory Schools' Athletic Department to secure any and all medical treatment for my student athlete in the event that I am not present, with the understanding that every possible effort will be made to contact me. I understand that the Athletic Training Staff will perform only procedures that are within their training. I understand that I may have contact with Athletic Training Students under the direct supervision of the Certified Athletic Trainer. In the event that my child is injured and emergency care is needed, I give permission to the qualified personnel to treat my child.

Student Name: _____ **Grade:** _____

Parent Contact Information:

Parent Name: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Address: _____

Other Emergency Contact Information:

Name: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Address: _____

Parent Signature: _____ **Date:** _____