

San Lorenzo Valley High School Athletics

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CONSENT FOR MEDICAL TREATMENT (MINOR) PERMIT TO PRACTICE

(A form should be filled out for each sport the student will try out for)

NAME OF STUDENT _____ As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature _____ Home
Phone _____
Address _____ Cell Phone _____
Student email _____

Another person to call in case of emergency

Name _____ Phone _____

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