

**This is the form that the South Dakota High School Activities Association recommends to those member schools that feel it is important to get consent from parents and/or legal guardians for medical treatment when away from home on road trips for various activities. This form should be kept on file at the school and another copy should travel with each team on which the athlete competes.**

## **CONSENT FOR MEDICAL TREATMENT**

I am the **PLEASE CIRCLE ONE** Mother Father Legal Guardian of \_\_\_\_\_

\_\_\_\_\_, who participates in co-curricular activities for \_\_\_\_\_

\_\_\_\_\_ High School. I hereby consent to any medical

services that may be required while said child is under the supervision of an employee of the

\_\_\_\_\_ School District while on a school-sponsored activity and hereby

appoint said employee to act on behalf in securing necessary medical services from any duly

licensed medical provider.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Parent(s)/Legal Guardian Signature: \_\_\_\_\_

## **CONSENT OF CHILD**

I, \_\_\_\_\_, have read the above Consent For Medical Treatment

Form signed by my **(PLEASE CIRCLE ONE)** Mother Father Legal Guardian and join with

**(PLEASE CIRCLE ONE)** him her in the consent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Student's Signature: \_\_\_\_\_