Consent For Treatment

I hereby consent to and authorize treatment for my child,
_____ during 2024-2025 HJH/MCHS Sports Athletic Programs.

Parent Printed Name:_____

Parent Signature:_____

Date:_____

Phone number if parent is not at HJH/MCHS Sports Athletic Program:

_____

By law, any child under the age of 18 years old cannot be seen by
medical care without consent from a parent or legal guardian.

This form becomes the property of Mineral County School District