

CONSENT TO TREAT MINOR CHILDREN

(PLEASE PRINT ALL INFORMATION)

I, _____, parent or legal guardian of

(name of athlete) _____,

Date of Birth: _____,

Do hereby consent to medical assessment – School Sports Physical.

Signing below indicates that you have read the above statement and understand that certain conditions may not be detected during sports physicals. Signature releases any and all liability volunteer healthcare providers and Los Lunas Schools.

Signature of Parent or Legal Guardian:

Date: _____