

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: _____