PARENT/GUARDIAN'S CONSENT

The undersigned hereby consents to the rendering of emergency medical attention to_____
if the parent or legal guardian cannot be contacted for whatever reason. This consent extends to and is given to team physicians, hospital or emergency personnel, or other attending health care providers. Further, in case of injury I understand the insurance provided through the KSHSAA is a $25,000 deductible policy.

_____ Date_____
Signature of parent or legal guardian

Home phone of parent/guardian _____Work phone of parent/guardian _____

Name of family physician _____

Name of family medical insurance company _____
Persons to contact in case of emergency:

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

SPORTS COMPETING IN _____, _____, _____