

**St. Bonaventure High School
Authorization to Consent to Treatment of A Minor**

I (We), the undersigned, parents(s) of _____, a minor, do hereby authorize *St. Bonaventure High School* as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act on the Medical Staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain in effect until _____, 20 ____, unless sooner revoked in writing delivered to said agent(s).

Father: _____ Date: _____

Mother: _____ Witness: _____

Guardian: _____ Witness: _____

Do we have your permission to give your student Tylenol for a headache, cramps, etc.

Yes No

Name and Phone Number of Student's Physician: _____

Name and Number of Two persons for Emergency Contact:

1. _____

2. _____

St. Bonaventure High School
Athletic Department

This is a **Mandatory Authorization to Consent to Treatment of a Minor and Risk Warning Form** that *must be signed and on file each year with the Athletic Department prior to your son or daughter participating in interscholastic sports or cheerleading at St. Bonaventure High School.*

Student Information		
_____ Last Name	_____ First Name	_____ Middle Initial
_____ Grade	_____ Date of Birth	

We, the undersigned parents/guardians hereby give our consent for the above named student to compete in interscholastic sports. We authorize the student to go with and be supervised by a representative of St. Bonaventure High School on any athletic trip. In the event that this student becomes ill or injured, you are authorized to have the student treated and we do hereby authorize the medical agency to render treatment.

Risk Warning

Participating in competitive athletics may result in severe injury, including paralysis and death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks. However, it is impossible to totally eliminate such accidents from occurring.

Players may reduce the risk of injury by obeying all safety rules in the sport, reporting all physical problems to their coaches, following a proper conditioning program and inspecting their own equipment daily. Coaches must be notified so that damaged equipment can be replaced.

Even if all these requirements are met and even if the athlete is using excellent protective equipment a serious accident may occur.

_____ Student Signature	_____ Date	_____ Home Phone
_____ Father/Guardian Signature	_____ Date	_____ Work Phone
_____ Mother/Guardian Signature	_____ Date	_____ Work Phone