



Cuthbertson High School
Department of Athletics

Authorization for Medical Treatment

_____ is a student athlete at Cuthbertson High School and may, from time to time, require treatment for illness or injury. In the interest of providing quality health care in a timely and efficient manner for said student athlete, the undersigned do hereby authorize the duly constituted agents and employees of Cuthbertson High School Department of Athletics to obtain for said student athlete emergent or urgent medical services of whatever type or kind are deemed to be necessary for the benefit and well being of said student athlete, including care provided by the school's certified athletic trainer. It is understood and agreed that the agents or employees of Cuthbertson High School Department of Athletics are hereby authorized to obtain medical care and treatment of the herein named student athlete, and in the event surgery is required, shall attempt by reasonable means of communication to contact the next of kin of the herein named student athlete prior to authorizing such surgery. It is understood and agreed, however, that in the event the next of kin of said student athlete are unavailable or cannot be present to authorize such surgery and related treatment, by execution of this agreement, the said next of kin of the herein named student athlete do hereby authorize the duly constituted agents and employees of Cuthbertson High School Department of Athletics to request and authorize surgery and related medical treatment for said student athlete. It is further understood and agreed that the undersigned hereby grant to the duly constituted agents and employees of Cuthbertson High School Department of Athletics sole discretion in the selection of medical doctors, clinics or hospital for the treatment of said student athlete in the event of an emergency.

WITNESS our signatures, this the _____ day of _____, 20_____

Parent, Guardian or next of kin

Parent, Guardian or next of kin