



# Sevier County School System

*Dr. Jack A. Parton, Director of Schools*

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## Sports Medical Permission Form

### I. Parent's Consent

I hereby give my consent for (student's name) \_\_\_\_\_ to represent (name of school) \_\_\_\_\_ in the sport(s) of \_\_\_\_\_, realizing that such activity involves the potential for injury. I recognize the importance of listening to and following all of the coach's instructions and warnings along with all reading and adhering to all written instructions regarding playing techniques, training methods, rules of the sport and other team rules. I understand that all instructions and warnings, verbal and written are incorporated by reference into this agreement and I hereby expressly promise to obey all such instructions and warnings. I acknowledge that even with the best coaching, use of the most advances equipment and strict observance of rules injuries are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis, or even death.

I / We accept the financial responsibility for medical expense incurred as the result of possible injuries while participating in voluntary sports.

I / We acknowledge that I / We have read and understand this warning and that insurance and/or medical expense ARE MY RESPONSIBILITY there in connection with my child paying voluntary sports.

I acknowledge that I have read and understand this warning.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_  
(Parent or Guardian)

Signature \_\_\_\_\_  
(Player)

### II. Medical Consent Form

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice sessions, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date