

**MEDICAL TREATMENT PERMIT**

**Sport:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

Dear Parent:

In an effort to improve the medical care for our student athletes, General McLane School District has contracted with Hamot Sports Medicine of Erie for the provision of a licensed athletic trainer. This person’s responsibility will include the evaluation of any student athlete with an injury sustained during athletic activity. Following evaluation, the athletic trainer will provide appropriate first-aid. In addition, he/she will be contacting the physician who has been designated by the student’s parent/guardian for recommendations on a course of action.

Please complete the section below so we may provide the prompt treatment and care that this system is intended to offer.

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I, \_\_\_\_\_ (parent/guardian) hereby request that, should \_\_\_\_\_ (student) sustain an injury while participating in athletics in the General McLane School District, the following physician(s) be contacted to provide care.

Furthermore, I hereby grant permission to that (those) physician(s) to provide any emergency treatment necessary for the proper care of \_\_\_\_\_ (student).

Physician(s) Name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

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In the event that \_\_\_\_\_ (student) sustains an injury while at an “away” contest, I hereby authorize the representatives of General McLane School District to seek emergency medical treatment when indicated. In such a circumstance, I also authorize the selected physician/medical facility to perform any treatment deemed necessary in such an emergency situation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Home Phone: \_\_\_\_\_

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Please list any previous illnesses or injuries which this student athlete has had in the past: