

This is the form that the South Dakota High School Activities Association recommends to those member schools that feel it is important to get consent from parents and/or legal guardians for medical treatment when away from home on road trips for various activities. This form should be kept on file at the school.

CONSENT FOR MEDICAL TREATMENT

I am the _____ (Mother-Father-Legal Guardian)
of _____, who participates in co-curricular activities
for _____ High School. I hereby consent to any
medical services that may be required while said child is under the supervision of an employee of
_____ School District while on a school-sponsored
activity and hereby appoint said employee to act on behalf in securing necessary medical services from
any duly licensed medical provider.

Dated this _____ day of _____,

Parent's Signature: _____

CONSENT OF CHILD

I, _____, have read the above Consent form signed by
my _____ (Mother-Father-Legal Guardian) and join
with _____ (him/her) in the consent.

Dated this _____ day of _____,

Student's Signature: _____