



SIERRA LUTHERAN HIGH SCHOOL
Permission to Provide Medical Treatment Agreement

I HEREBY give my permission for my son/daughter, _____,
(Name of student / athlete)

to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in **interscholastic athletics** or **school related activities** at Sierra Lutheran High School. I understand that the coaches and school personnel of Sierra Lutheran will perform only those procedures that are within their training, credentialing, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life-threatening injury or illness, and in the event I am unable to be contact within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

Date

Signature of Parent or Legal Guardian

This document will stay valid for the entire period the above named student is enrolled at Sierra Lutheran High School unless otherwise noted below.

