

**PARENTAL CONSENT
SCHOOL YEAR
2017 - 2018**

I hereby give my consent for _____ to participate in interscholastic athletics at Tularosa High School and authorize Tularosa High School to provide the information on the season form to the New Mexico Activities Association. The financial responsibility for securing care of athletic injuries is a matter between the parent/guardian and physician or dentist of parent's/guardian's selection. Tularosa High School may not pay doctors, dentists or hospitals for any treatment of any student-athlete.

INSURANCE

We have applied for student accident insurance through Guarantee Trust Life Insurance Company Student Accident Insurance Plan

YES _____ NO _____

We have accident insurance with _____
Name of Company

Policy # _____

MEDICAL HISTORY

I hereby state that I have reviewed the medical history of my child and find the answers to the questions correct to the best of my knowledge. (Required for legal minors)

AUTHORIZATION FOR MEDICAL SERVICES

I/We request that I/We be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event we cannot be reached, I/We, parent(s)/guardian(s) hereby designate the Athletic Director, Team Coach, Athletic Trainer or his/her designee to act in my/our behalf to authorize such hospitalization, medical attention and surgery as may be required in an emergency because of illness or injuries sustained by my/our child/ward while participating in school athletics. In the event we cannot be reached, and the situation calls for medical attention, we recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child/ward. I/We hereby assume financial responsibility for hospitalization, medical attention and surgery provided.

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Parents/Guardian Telephone: (Work) _____ (Emergency) _____

Responsible Person: _____ Phone # _____