

Travel Consent & Medical Treatment Release Form for Away Events

As the parent or legal guardian of _____, I give my consent for his/ her participation in athletics and the evaluation for that participation. I do not hold the school responsible in any way. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to the treatment. I certify that the medical history provided is accurate to the best of my knowledge. I understand it is my responsibility to let the athletic department know of any injuries or illnesses that my child incurs at home or school.

I also give my consent for my child (named above) to travel with his/her team and coach(es) on transportation provided and approved by Colleton Prep Academy (including charter bus service for certain events but never by 15 passenger van) and driven by qualified personnel.

Student _____ Age _____ Grade _____ DOB _____

Allergies: _____

Physicians Name: _____ Physicians Phone Number: _____

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Parents Signature: _____ Date: _____