TEMECULA VALLEY
Unified School District

TVUSD Statement of Treatment Consent

_____
Print Name of Student Participant

I hereby give my consent for the above named student to compete in Athletics. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Statement of CONSENT TVUSD

The student named above has my permission to engage in co-curricular activities, including travel.

TRAINER CONSENT

I give my permission to the Certified Athletic Trainer to administer immediate first-aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgment and/or recommended by the consulting physician.

TREATMENT CONSENT

In the event of an accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital, or request their services. I (we) grant consent to any healthcare providers to provide my (our) child with any necessary medical care as a result of any injury or illness.

I/we hereby consent that in the event that I/we cannot be reached in an emergency, I/we hereby grant permission to physicians selected by the coaches and staff of the Temecula Valley Unified School District to secure proper treatment including hospitalization, injections, and/or anesthesia and surgery for the person named above.

_____	_____	_____
Parent Name (Print)	Parent Signature	Date