

# Medical Consent Form

**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 Middle 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 \_\_\_\_\_