

**Appendix 1**

**Student/Parent Consent for Medical Care & Treatment**

I hereby authorize the Certified Athletic Trainer employed by Mercy High School, Burlingame to evaluate and treat any injury and/or illness that occurs as a result of athletics participation. This includes, but is not limited to, preventative care, acute and chronic evaluation and treatment, and emergency care that is deemed appropriate by the Certified Athletic Trainer.

I expect every effort will be made to contact myself, my spouse, or other listed emergency contacts in order to receive specific authorization prior to any treatment or hospitalization is undertaken.

I understand that in an emergency situation, it may not always be possible to obtain treatment by our specified physician or hospital. I authorize my daughter's coach or appropriate Mercy High School official to obtain treatment at the nearest medical facility if the situation requires.

I understand all injuries and illnesses that affect the well-being of my daughter during athletics participation will be communicated to the appropriate Mercy High School officials including coaches and the Certified Athletic Trainer. Mercy High School may not be liable for any complications of injuries or illnesses exacerbated or worsened by athletics participation that have not been communicated.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature