

Fall Sport _____
Winter Sport _____
Spring Sport _____

MODESTO CITY SCHOOLS
Athletic Permission Card

Year in School 7 8
M F
(circle one)

Student ID Number _____
Authorization to Consent to Treatment of a Minor

We, the undersigned, the parents of _____, a minor, do hereby authorize his participation in extracurricular activities, including travel, under school supervision. In the event of injury, we consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or 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 at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required that the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California and Section 49407 of the Education Code of the State of California.

Parent Signature _____ Home Phone _____

Work Phone _____ Physician _____ Phone _____

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