



Sport: _____

CONSENT TO TREAT AND MEDICAL INFORMATION RELEASE

To be Read and Singed by the student-athlete and the parents/Guardian

Permission is hereby granted by the undersigned to Medfield High School staff to proceed with any needed medical treatment in the best interest of the student-athlete named below. In the event of serious illness or injury the parent will be contacted.

This authorization permits the Medfield athletic trainer, nurse of designated administrator to obtain and release medical information and records in the course of medical treatment and for the purpose of processing insurance claims. The Release and Authorization is a required condition for participation in interscholastic athletic program and shall remain valid until revoked in writing.

Student-athlete's Signature Date of Birth Age Date

Parent/ Guardian's Name (Print) Parent/Guardian's Signature Date

PARENTAL CONSENT RELEASE FORM LIABILITY AND INDEMNITY AGREEMENT

We, the undersigned father and mother or guardian(s) of, _____
A minor, do hereby consent to his/her participation in voluntary athletic program, extracurricular clubs/activities and/or field trips and do forever release, acquit, discharge, and covenant to hold harmless the Town of Medfield, a municipal corporation of the Commonwealth of Massachusetts and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages, which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Medfield Public Schools athletic programs, extracurricular clubs/activities and/or field trips; FURTHERMORE, we/I hereby agree to protect the Town of Medfield and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of /or resulting from injury to said minor connection with his/her participation in the Medfield Public Schools voluntary athletic programs, extracurricular clubs/activities and/or field trips, and to indemnify, reimburse or make good to the Town of Medfield or its successors, departments, officers, employees, servants and agents any loss or damage or costs including attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said sports, extracurricular clubs/activities and field trip programs.

Student-Athlete's Signature Date of Birth Age Date

Parent/Guardian's Name (PRINT) Parent/Guardian's Signature Date

RETURN THIS FORM TO ATHLETIC TRAINER
YELLOW FORM