# MAUMEE HIGH SCHOOL
# SPORTS MEDICINE / ATHLETIC TRAINING


## 1147 SACO STREET
## MAUMEE, OHIO 43537
## PHONE (419) 893-8778 • FAX (419) 893-5621


---

In an effort to provide your child/athlete with the best possible care, the Maumee Sports Medicine / Athletic Training Department requests that you review and sign the following consent form; this form is in addition to the emergency medical authorization form that is required by the school. Thank you for your support of our program.

ATHLETE NAME: _____
LAST FIRST MIDDLE

SPORT(S): _____

---

## CONSENT FOR TREATMENT BY THE MAUMEE ATHLETIC TRAINING STAFF AND TEAM PHYSICIANS

I do request and authorize the Maumee Athletic Training Staff and Team Physicians to provide my child with athletic training and sports medicine services while engaging in the above-named sports or activities associated with the said-named activity.

_____
STUDENT-ATHLETE SIGNATURE

_____
PARENT OR LEGAL GUARDIAN SIGNATURE

_____
DATE