NGPG Sports Medicine

Athlete under Age 18 Authorization to Treat

I, _____,
Parent's Name

hereby authorize and request that medical care be administered to:

_____, Age _____,
Athlete's Name

My son\daughter, while participating in the interscholastic athletic program representing _____ High School, by the Northeast Georgia Physician Group and its agents and employees and/or any other medical doctor or medical institution which might render services including heat, cold, electrical, and sound as authorized by the team physician in consultation with the child's legal guardian in event of injury, illness, or accident. I further request that records of such diagnosis and/or treatment be released to the _____ Athletic Trainer, Head Coach of his/her sport, or its insurance carrier, in order that they will be better informed of her medical condition and capabilities while participating in athletic competition at _____ High School. A photo static\electronic copy of this authorization shall be considered as effective and valid as the original.

Parent Signature

_____