

CONSENT FORM

Miller School District #29-4

**PARENT, ATHLETE, CHEERLEADER, STUDENT MANAGER,
STATISTICIAN**

Consent for Medical Treatment

We, (Mother, Father, Legal Guardian, and Athlete) hereby consent to any medical services that may be required by the undersigned athlete while under the supervision of an employee of the Miller School District #29-4 and we hereby appoint said employee to act on our behalf in securing necessary medical service from any duly licensed medical provider.

Parent Signature _____

Student/Athlete Signature _____

Approval of Rules and Regulations

We (Mother, Father, Legal Guardian, and Athlete) hereby confirm that we have read and understand the contents of the Miller School District #29-4 handbook for Athletes, and that we promise on our honor to obey all the rules and regulations of the Athletic Department and the Board of Education of the Miller School District #29-4.

Parent Signature _____

Student/Athlete Signature _____

The term athlete includes all athletes, cheerleaders, statisticians and student managers.