## McKinley Monarchs Interscholastic Sports Waiver for Treatment

<u>Please Print</u>		
Name:		
Last	First	
Emergency Data  Phone number(s) at which interscholastic events or	ch parent(s) can be reached during th	e time the child will participate in
interscholastic events of	practice.	
City	Area Code	Number
City	Area Code	Number
Consent for Treatment		
I/We, hereby, grant perr	mission to the administration and tead	chers of School District 150 for any
_	ultant deemed necessary and for any	· · · · · · · · · · · · · · · · · · ·
medical and surgical trea	atment as needed to the above name	d student.
I/We understand that all	l possible effort will be made to inforr	m me/us in case of emergency.
Father or Legal Guardian	<u> </u>	
Mother or Legal Guardia	in	
 Date		