



Consent for Medical Treatment for Minors

(For Students under age 18 who are trying out for sports at Tabor College)

Tabor College
Athletic Training Department
400 S. Jefferson Hillsboro KS 67063

In the case of a medical emergency or athletic injury I hereby authorize the Athletic Training Staff of Tabor College to provide medical treatment for my daughter/son while she/he is participating in an athletic team tryout for the tryout date(s) noted below.

Please print clearly and return this form to the Athletic Training Department via postal mail (see above address) or hand-delivery by your student.

Tryout Date(s): _____

Name of Minor: _____

Birthdate (month/day/year): _____

Parent Guardian Contact Information

Name of Parent/Guardian _____ Relation to Minor _____

Phone Number : (____) _____ (____) _____ (____) _____

HOME

Cell Phone

Work

Medical Information Related to Minor

Allergies: _____

Current Medications: _____

Signature of Parent/Guardian

Today's Date