

**PARENTAL CONSENT FOR MEDICAL TREATMENT
FOR UNDERAGE MINORS**

I, _____, being the parent/legal guardian of
_____ (student-athlete), _____ (Date of Birth),
do hereby give consent for medical treatment and/or testing of my child by the Athletic
Training Staff and/or Team Physicians/Medical Consultants at Florida State University.
In the event of an emergency, I grant them permission to refer my son/daughter to the
proper medical authorities **prior** to contacting me. This consent extends to all medical
treatment both in and outside of the State of Florida.

_____ Parent's Signature

Parent's Address:

Home Phone (____) _____

Father's Work Phone (____) _____ Cell Phone (____) _____

Mother's Work Phone (____) _____ Cell Phone (____) _____