



Hillcrest Middle School

GREENVILLE COUNTY SCHOOLS

To: Principal or Superintendent:

As the parents or legal guardian of _____, I give my consent for his/her practice and play in the athletic events listed below and for the physical exam evaluation for that participation. I grant permission to nurses, trainers, and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or emergency treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I certify that the medical history on the preceding page is accurate to the best of my knowledge. I understand that the data acquired may be used for research purposes to improve athletic care. I give the South Carolina High School League permission to examine the school records of the above student in order to verify eligibility.

Date

Signed (Father, Mother, or Legal Guardian)