

Fall Sport: \_\_\_\_\_ WinterSport: \_\_\_\_\_ Spring Sport: \_\_\_\_\_

**PARTICIPATION AND TREATMENT CONSENT 24/25**  
**"White Card"**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent Guardian (s) Printed Name: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work/Cell Number \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Student is allergic to the following: (include medications) \_\_\_\_\_

Is student required to carry on their person:     Inhaler- yes/no             EpiPen-yes/no             Other- yes/no

Additional Information: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby give my consent for the above student to compete in sports/cheer/other cocurricular activities for Mariposa County High School. I authorize the student to go with and be supervised by a cleared representative of the school on any trips. In case this student becomes ill or injured, I authorize a school representative to have the student treated and I authorize a medical agency to render treatment.

I hereby authorize any representative of Mariposa County High School as agent for the undersigned to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and it is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. It is given to provide authority and power on the part of the foresaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:**

Academic Clearance Fall: \_\_\_\_\_ Academic Clearance Winter: \_\_\_\_\_ Academic Clearance Spring: \_\_\_\_\_

Physical Expiration Date: \_\_\_\_\_ Approval Date: \_\_\_\_\_