

SUMTER HIGH SCHOOL  
ATHLETIC TRAINING ROOM  
2580 MCCRAYS MILL ROAD  
SUMTER, SOUTH CAROLINA 29154

I, \_\_\_\_\_, while participating in  
(ATHLETE'S NAME)  
the athletic program at Sumter High School, hereby give my consent to  
be treated by the team physicians, members of the athletic trainer's  
staff or any other medical doctor recommended by the team physician  
or athletic trainer.

I authorize the hospital and/or other medical doctor or medical  
staff which might render medical treatment to me during this period  
to release my medical records to the Sumter High School athletic  
trainer, head coach of my sport, and/or its' insurance carrier, in  
order that they will be better informed of my medical conditions and  
capabilities.

A photostatic copy of this authorization shall be considered as  
effective and valid as the original.

ATHLETE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_