

**Loving Savior of the Hills Athletic Transportation / Emergency Treatment Authorization Form**

Your son or daughter will be going to other schools and venues for athletic competition. Transportation will be provided by the coaching staff and other parents. Please be assured that we have proof of a valid driver’s license and proof of insurance for each driver. All students will be wearing seatbelts, properly secured in all vehicles. Each driver will drive directly to and from our destination. There will be no other additional stops. This is for the safety of all athletes involved.

In case of an accident during the athletic competition, we have a first aid kit with us at all times. Please fill out the release and emergency treatment permission form below and return it with your son or daughter.

If you have any questions, please contact Mr. Negvesky at 909-597-2948 or [teach04him@aol.com](mailto:teach04him@aol.com).

Minor’s Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Permission for emergency treatment:** I hereby grant permission for the above minor to receive medical treatment during athletic participation. I give permission for an X-ray, examination, anesthetic, medical or surgical treatment under the supervision of any physician or surgeon licensed given pursuant to the provisions of Section 25.8 of the Civil Code of California, and after a reasonable attempt has been made to contact the parent. I will not hold sponsoring parties responsible for injury or damage which might occur under reasonable supervision.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Name and phone number of an emergency contact (other than parent):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_