

**PTAffiliates Summer Athletic Program
CONSENT FOR RENDERING MEDICAL SERVICES**

In case of illness or accident and when PT Affiliates is unable to contact us, we, the undersigned parents or guardians of:

_____, a student enrolled in PT Affiliates summer athletic program, hereby consent to the giving of any and all emergency medical hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of PT Affiliates without obtaining further consent.

_____ Signature of parent/guardian	_____ PRINT name of parent/guardian
Home phone # _____	Father's Work # _____
Mother's Work # _____	

PARENT OR GUARDIAN MUST SIGN BOTH HALVES OF THIS PAPER

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