

Permission for Medical Treatment

I give permission for a licensed medical authority to administer first aid or for a doctor to hospitalize, secure proper treatment, order medicine, injections, anesthesia, surgery or x-rays for my child following an athletic injury. I will not hold Goffstown High School responsible for any athletic injury or repercussion from medical attention. I also give permission to transport my child to a medical facility for the purpose of obtaining medical care following an athletic injury. Every attempt will be made to contact you prior to any decisions. I agree to be financially responsible for any athletic injury and the return of all athletic equipment issued.