

# CLEARANCE PROCEDURES

**WARNING: YOU MAY NOT PRACTICE OR COMPETE UNTIL YOU RECEIVE A CLEARANCE SLIP FROM THE ATHLETIC DIRECTORS OFFICE OR THE BUSINESS OFFICE, AND GIVE IT TO YOUR COACH OR SPONSOR.**

## **FOLLOW THESE STEPS:**

1. A **CLEARANCE PACKET** is attached to these directions. Additional packets are available from your coach/sponsor, via e-mail at [www.torrancehigh.com](http://www.torrancehigh.com), click on the athletic section. Limited printed forms are available in the Business Office.
2. **Signatures** and information are required on all pages and on the attached **EMERGENCY FORMS (DOUBLE SHEET- PLEASE FILL OUT BOTH)**. Packets will not be excepted if all forms are not completely filled out and signed.
3. A doctor must complete the **PHYSICAL FORM** (page 8), sign and affix a stamp. Everything else can be read and completed by the student and parent or guardian at home.
4. **Please print out this packet and return it completed to the Business Office. A student must be cleared form participation before the official season of practice begins.**

**FOOTBALL CLEARANCES: All football players must complete the clearance packet before August 15, 2009.**

## **NEW THIS YEAR**

**All athletes must be cleared before the first day of Official Practice (Monday- August 24, 2009). Please return these completed forms to the Business Office, Monday thru Thursday, beginning June 22 2009, from 8:00 a.m. to 12 noon only. Forms must be hand delivered- Do not return forms via e-mail.**

5. If you are unable to return your completed **CLEARANCE PACKET** before school begins in the Fall, take it to the Business Office the first day of school, before school, lunch and/or after school. **DO NOT** return the **CLEARANCE PACKET** to your coach.
6. When you return the completed **CLEARANCE PACKET**, you will receive a **CLEARANCE SLIP** to take to your coach or sponsor. Give your coach or sponsor the **CLEARANCE SLIP** and you will be cleared for practices and competitions.

## ATHLETICS/BAND/PEP SQUAD

### PART 1 – STUDENT INFORMATION

Please **PRINT** this information carefully.

LAST NAME	FIRST NAME	BIRTHDATE	GRADE THIS YEAR
STREET ADDRESS		CITY	ZIP CODE
TELEPHONE NUMBER			

### PART 2 – PARENT/GUARDIAN INFORMATION

We are building a database of parent/guardian occupations and interests as a source of advice and assistance in maintaining the high school's Athletic, Band and Pep programs.

FATHER'S NAME	EMPLOYER	OCCUPATION	WORK PHONE
MOTHER'S NAME	EMPLOYER	OCCUPATION	WORK PHONE

PLEASE LIST ANY OTHER SKILLS /AVOCATIONS /SPARE TIME THAT WOULD BE POTENTIAL ASSISTANCE TO THESE PROGRAMS
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### PART 3 – PHYSICAL EXAMINATION

An annual physical examination or statement by a medical practitioner certifying that the student is physically fit to participate is required before a student may participate in Athletics, Band or Pep Squad.

DATE OF PHYSICAL EXAM	NAME OF DOCTOR OR MEDICAL PRACTITIONER	LOCATION OF PHYSICAL EXAM
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### PART 4 – INSURANCE

Students taking part in the school Athletic, Band, Debate, Drill Team or Pep programs **MUST** be covered by a minimum of \$1,500 insurance. This coverage may be provided through your own medical insurance **OR** you may purchase student insurance through Myers-Stevens & Company. Forms are available in the Athletics Office or Business office.

If you choose Myers-Stevens & Company, make a check payable to them and mail it directly to them in the envelope provided. Do **NOT** take this to the Athletic Office.

This is to certify that my student is covered by the required medical insurance:

NAME OF INSURANCE COMPANY	PARENT/GUARDIAN SIGNATURE
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### PART 5 – CONSENT OF PARENT/GUARDIAN AND STUDENT

My signature affixed hereon gives permission for my son/daughter to participate in Athletics, Band, Debate or Pep Squad at the high school and certifies that I (PARENT/GUARDIAN AND STUDENT) have read and agree with the Rules and Regulations on the back of this form.

DATE	PARENT/GUARDIAN SIGNATURE	STUDENT SIGNATURE
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### PART 6 – APPROVAL BY ATHLETIC DIRECTOR OR ATHLETIC SECRETARY

DATE	ATHLETIC DIRECTOR'S SIGNATURE	TUSD RECEIPT NUMBER	AMOUNT PAID	CHECK NUMBER	CASH PAYMENT
FALL:		WINTER:		SPRING:	

TORRANCE UNIFIED SCHOOL DISTRICT

# ATHLETIC RULES AND INFORMATION

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1. **ASB CARD:** It is recommended that all athletes purchase ASB cards. The ASB card provides discounts for school activities and free entrance into all league and practice athletic events the entire year. It is required in order to receive athletic awards, letters, plaques, etc., free of charge.
2. **OUTSIDE TEAMS: Athletes cannot play on another team in the same sport from the time of high school's first contest against another school, in that sport, through the final game of the season.**
3. **SCHOLASTIC ELIGIBILITY (TUSD Board Policy 327.22)**
  - a. Athletes must be legally enrolled and progressing toward meeting graduation requirements.
  - b. Athletes are expected to enroll in six classes and are ineligible if they drop below five classes.
  - c. Athletes must maintain a minimum GPA of 2.0 in all classes for the quarter completed prior to each season.
  - d. Athletes may have no more than one (1) unsatisfactory grade in citizenship for the quarter completed prior to the season and throughout the season.
  - e. These academic and citizenship standards must be maintained each quarter (10 week period) to stay eligible.
4. **TORRANCE HIGH SCHOOL ATHLETIC COUNCIL:** Any athlete suspended from school, in or out of season, will be subject to disciplinary actions by the Athletic Council. Any athlete caught in the possession of, or under the influence of liquor, tobacco or controlled substances, in or out of season, will be subject to disciplinary actions by the Athletic Council. If requested by a coach or administrator, the Athletic Council will convene to investigate alleged individual or team violations and has the authority to invoke disciplinary action.
5. **HIGH SCHOOL ATHLETIC RULES:**
  - a. One qualification for earning a letter is that an athlete must complete the season as a member of the team (cannot have been cut, been suspended or quit).
  - b. All school-issued equipment (uniforms, bags, etc.) must be returned at the end of the season or the athlete will receive an incomplete grade and put on the activities office dept list until the equipment has been returned or paid for.
  - c. Athletes may not transfer from an "in-season" sport to any other sport until after the last game of the "in-season" sport or until released by the coach of the "in-season" sport.
  - d. Athletes are guaranteed a chance to tryout for another sport at the conclusion of their present sport season. We encourage athletes to participate in more than one sport during the year.
  - e. Athletes who are cut from a sport will be transferred to a regular P.E. Class. It may be during 0 per or a different period. They must report to class daily and wear the required P.E. uniform.
  - f. All athletes must go to and from games on the team bus or with an authorized adult driver.
  - g. To be a member of a high school athletic team is a privilege and an honor. We expect all players on the field to conduct themselves like ladies and gentlemen. Specifically, we do not want players to criticize teammates or officials nor to commit deliberate fouls. When fouled, we do not want our players to retaliate. In short, we expect high school athletes to play with "class" and "character".
  - h. The athletic department has additional policies and rules that may be brought into effect according to the violation that may have occurred. All athletes are expected to follow school rules at all times.
6. **THE ATHLETE AND COACH:**
  - a. Coaches may, and often do, set additional rules and regulations for their sports.
  - b. If you have any questions, don't be afraid to ask the coach.

## TRANSPORTATION

1. The Torrance Unified School District requires that all four high schools collect contributions for extracurricular transportation. Funding will be collected from all Athletic teams, Band, Debate, Drill Team, and Pep Squad, and will be used to pay for busses carrying these high school students to and from activities and games.
2. The basic contribution is \$110.00 per activity/team, not to exceed \$180.00 per year per student. For families with multiple students, the maximum paid per year will be \$270.00.
3. The basic payment per athlete is:

A.	One (1) student in one season of activity/team	\$110.00
B.	One (1) student in two or more seasons of activities/teams (BAND & PEP)	\$180.00
C.	Two (2) students each of whom is in one season of activity/team	\$220.00
D.	Two or more students in a total of three (3) activities/teams	\$270.00
E.	Three (3) students each of whom is in one activity/team	\$270.00
F.	Two or more students each of whom are in two or more activities/teams	\$270.00

4. The contribution applies to all interscholastic athletics that use busses and drivers. **Band ,Pep Squad and Debate are considered two season activities** and are asked to pay \$180.00.
5. Refund Policy:
  - a. Refunds will be granted to students who are cut or voluntarily drop before their activity/team's first contest.
  - b. No refunds will be granted to students who are cut or drop the activity/team after the first contest, regardless of whether or not the student participated.
  - c. No refunds will be granted to students who become scholastically ineligible.
6. Please write a check or money order, payable to the **Torrance Unified School District**. Complete the information below and on your check, write your student's full name, grade level, and sport(s).

Name of Student	Fall Sport	Winter Sport	Spring Sport	Amount
Name of Student	Band	Debate	Pep/Drill	Amount

**\*\*\*THIS FORM MUST BE SIGNED\*\*\***

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## WARNING TO STUDENTS, PARENTS & GUARDIANS

**SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY  
MAY RESULT FROM ATHLETIC COMPETITION**

By its very nature, competitive athletics may put students in situations which SERIOUS, CATASTROPHIC and, perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous.

The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

By choosing to participate, you the student, acknowledge that such risks exist.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

**DIRECTIONS:** Sign this form and return it to the Athletic Office with the Athletic Packet.

**This will acknowledge that we have read and understand the material contained in this WARNING TO STUDENTS, PARENTS and GUARDIAN.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student

Student's Name (Please Print) \_\_\_\_\_

# PERMISSION FOR STUDENT TO RIDE IN A CAR

TORRANCE HIGH SCHOOL

## STUDENT PASSENGER AUTHORIZATION FORM

*For Torrance High School Students to Ride to a School-Sponsored Event with an Approved Coach, Sponsor, Parent or Adult Driver*

The undersigned hereby acknowledges and understands that Torrance High School is not providing transportation to certain voluntary school-sponsored event(s) and that is the responsibility of the of the undersigned to arrange transportation for his/her son or daughter.

TORRANCE HIGH SCHOOL MAY **NOT** PROVIDE BUS TRANSPORTATION FOR CERTAIN AWAY CONTESTS/TOURNAMENTS. PARTICULAR EVENTS MAY ALLOW FOR INDIVIDUALS OR TEAMS TO TRAVEL BY PRIVATE TRANSPORTATION TO SOME CONTESTS, TOURNAMENTS OR WEEKEND EVENTS. ADVANCE NOTICE WILL BE GIVEN TO ALL TEAM MEMBERS.

As parent/legal guardian, I hereby authorize and give permission for my son/daughter,

**(Student's name)** \_\_\_\_\_, to ride as a passenger in a vehicle driven by a coach, sponsor, parent or other adult to the above school sponsored event(s).

***The undersigned acknowledges and understands that the driver is not driving on behalf of, or as an agent of, Torrance High School. Further, the undersigned understands that Torrance High School has not verified the driving record or DMV record of the driver or the mechanical condition of the vehicle.***

***However, the driver has produced a signed document indicating adequate insurance coverage, possession of a California Driver's License and that the vehicle is in proper mechanical condition.***

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE COMPLETE FORM ON PAGE 5

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Torrance Unified School District

**TORRANCE HIGH SCHOOL**

TO: Parents of Students Involved in Voluntary School-Sponsored Events for which Torrance High School does NOT Provide Transportation

FROM: Mr. John O'Brien, Principal

SUBJECT: **TRANSPORTATION TO SCHOOL-SPONSORED ACTIVITIES  
IN WHICH STUDENTS VOLUNTARILY PARTICIPATE**

Torrance High School specifically requires the completion of the permission forms which indicate that insurance responsibility on the part of drivers is adequately met and that parents give permission for their students to be transported by coaches, parents, sponsors or other adults to such voluntary school-sponsored events.

Parents must understand that Torrance High School does not provide transportation to some voluntary school-sponsored events and that it is solely a parent's responsibility to arrange transportation for his/her son/daughter if the parent wishes his/her son/daughter to attend/participate in the event(s).

If, as a parent or guardian, you wish your son/daughter to be transported by a coach, sponsor, parent or other adult to a voluntary school-sponsored event, the appropriate form must be completed prior to the school-sponsored event. Please read the form carefully.

**DRIVERS ARE NOT ACTING AS AGENTS OF TORRANCE HIGH SCHOOL.**

**DRIVERS ARE NOT DRIVING ON BEHALF OF TORRANCE HIGH SCHOOL.**

**TORRANCE HIGH SCHOOL IS NOT PROVIDING INSURANCE FOR THE DRIVERS.**

**TORRANCE HIGH SCHOOL IS NOT PROVIDING INSURANCE FOR THE PASSENGERS**

Please ask your coach/sponsor if you have questions concerning the voluntary transportation policy or about the required permission forms.

Thank you for your cooperation.

## **ANNUAL PHYSICAL EXAMINATION**

**Athletes are required to have an annual physical examination.**

**Drill Team Members are required to have an annual physical examination.**

**Pep Squad Members are required to have an annual physical examination.**

**Marching Band Members are required to have an annual physical examination.**

**Surf team members are required to have an annual physical examination.**

**Physicals are valid for one year from the date it was taken regardless of how many activities the student participates in.**

**YOU MAY USE THE FORM ON PAGE 8**

# TORRANCE HIGH SCHOOL PHYSICAL SCREENING FORM



**HISTORY** (Must be completed and signed by parent prior to examination):

SPORT: \_\_\_\_\_ SCHOOL: **TORRANCE HIGH** DATE: \_\_\_\_\_

**PRINT:** Last Name First Name M.I. Grade Age Date of Birth

Address City Zip Code

**HEALTH HISTORY** (To be completed by student or parent):

Check and give as much information as possible **Y = yes, N = no**

Heart Trouble       High Blood Pressure       Asthma       Diabetes  
 Kidney Problems       Head Trauma       Seizures       Other (List below)

History of any previous injuries, fractures, serious illnesses or operations (Give year of problem)

Current medications Allergies Last Tetanus Immunization

**Signature of Parent or Guardian:** \_\_\_\_\_

\* \* \* \* \*

**PHYSICAL EXAMINATION** (To be completed by physician):

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_

Visual Acuity: O.D. \_\_\_\_/\_\_\_\_ O.S. \_\_\_\_/\_\_\_\_ ( ) Corrected ( ) Uncorrected L.M.P. \_\_\_\_\_

( ) Chest Pain ( ) Extreme S.O.B. ( ) Dizziness ( ) Fatigue ( ) Palpitations ( ) Sudden Death of Family Member

		10. MUSCULOSKELETAL, ROM, STRENGTH	
	NORMAL	NECK	
1. EYES		SPINE	
2. EARS, NOSE, THROAT		SHOULDERS	
3. MOUTH AND TEETH		ARMS/HANDS	
4. NECK		HIPS	
5. CARDIOVASCULAR		THIGHS	
6. CHEST AND LUNGS		KNEES	
7. ABDOMEN		ANKLES	
8. SKIN		FEET	
9. GENITALIA-HERNIA(MALE)		11. NEUROMUSCULAR	

**ABNORMAL FINDING:** \_\_\_\_\_

**RECOMMEND:** ( ) Full Activity, No Restrictions Recommend: ( ) Vision Evaluation ( ) Tetanus Booster  
 ( ) Accept, Restrictions: ( ) No contact sports ( ) Other: \_\_\_\_\_  
 ( ) Not Participate

**EXAMINING PHYSICIAN:** \_\_\_\_\_ License#: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ **Doctor's Stamp here:**

Phone #: \_\_\_\_\_

TORRANCE HIGH SCHOOL  
**CIF SOUTHERN SECTION**  
**ATHLETES CODE OF ETHICS**

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety / awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

**Athlete's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athlete's Name Printed:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The CIF-Southern Section requires that a copy of this form be kept on file in the Athletic Director's Office at the local high school on an annual basis.**

TORRANCE HIGH SCHOOL  
ATHLETIC DEPARTMENT

DUE PROCESS FORM

In order to provide due process for students, parents and the administration/ athletic staff of member schools, CIF Southern Section Office requires the following statement to be read and signed by all parents and athletes prior to athletic competition:

In the event it is necessary to forfeit a contest, or to be denied play-off entry because of a state and / or section rule violation, there is a level of appeal to the CIF Southern Section office, followed by an appeal to the State CIF Office.

I understand and have read the above statement and agree to contact the CIF Southern Section Office should I wish to appeal.

CIF Southern Section  
10932 Pine Street  
Los Alamitos, CA 90720  
(562) 493-9500

CIF State Office  
16700 Valley View Ave.  
La Mirada, CA 90638  
(714) 521-5711

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# TORRANCE UNIFIED SCHOOL DISTRICT

## *AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STERIODS*

\_\_\_\_\_  
(Print Name of Student Athlete)

\_\_\_\_\_  
(High School)

As a condition of the membership in the California Interscholastic Federation (CIF), the Governing board of the Torrance Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D, the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the District's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

\_\_\_\_\_  
(Signature of Student Athlete)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**TORRANCE HIGH SCHOOL-ATHLETIC EMERGENCY CARD**

Fill in name of sport(s) played: Fall \_\_\_\_\_, Winter \_\_\_\_\_, Spring \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ X. \_\_\_\_\_ Work Phone: \_\_\_\_\_ X. \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Emergency consent on file at: \_\_\_\_\_ (Please fill in Hospital Name)

My student athlete has the following medical insurance: \_\_\_\_\_ (Please fill in company)

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Other info: \_\_\_\_\_

If a parent cannot be reached, please contact: **(this information is required)**

1. Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #(s) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #(s) \_\_\_\_\_

In case of an emergency, I give permission to take \_\_\_\_\_ to a physician/hospital. I hereby authorize the physician to take necessary care of my child and I agree to assume responsibility for all medical services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TORRANCE HIGH SCHOOL-ATHLETIC EMERGENCY CARD**

Fill in name of sport(s) played: Fall \_\_\_\_\_, Winter \_\_\_\_\_, Spring \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ X. \_\_\_\_\_ Work Phone: \_\_\_\_\_ X. \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Emergency consent on file at: \_\_\_\_\_ (Please fill in Hospital Name)

My student athlete has the following medical insurance: \_\_\_\_\_ (Please fill in company)

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Other info: \_\_\_\_\_

If a parent cannot be reached, please contact: **(this information is required)**

1. Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #(s) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #(s) \_\_\_\_\_

In case of an emergency, I give permission to take \_\_\_\_\_ to a physician/hospital. I hereby authorize the physician to take necessary care of my child and I agree to assume responsibility for all medical services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_