



AUTHORIZATION FOR TREATMENT:
IF THE STUDENT-ATHLETE IS UNDER 18 YEARS OLD

Student Athlete Name _____ Date of Birth _____

Sport _____

I, hereby, authorize the California State University, Long Beach Athletic Training Staff, Student Health Center Staff, and/or Team Physicians permission for treatment of my son/daughter since he/she is under the age of 18. Treatment includes, but is not limited to, the pre-participation physical, immunizations, drug testing, and/or diagnostic procedures such as urinalysis, blood work, x-rays, and the treatment of injury, and/or illness. I, hereby, also grant authorization for the release of medical and/or insurance information for the purpose of attaining the student-athlete's complete medical record.

Signature of Parent or Guardian _____ Date _____

(this form does not need to be filled out if the student-athlete is 18 or older)