



Consent to Treatment

We, the undersigned, parents of _____, minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical evaluation, diagnosis, or treatment that may be rendered to said minor under the general or specific instructions of the USA Gymnastics medical personnel, whether such diagnosis or treatment is rendered at a licensed hospital, clinic, or doctor's office.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the staff of USA Gymnastics in the exercise of their best judgment may deem advisable.

It is understood that in case of an emergency that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent shall remain effective until the end of 2011 unless sooner revoked in writing and delivered to USA Gymnastics, 132 East Washington Street, Indianapolis, IN 46204

Dated: _____

Mother: _____
Signature

Phone: _____

Mother: _____
Printed

Father: _____
Signature

Phone: _____

Father: _____
Printed

Legal Guardian (if applicable)

Signature

Phone: _____

Printed Name