

**Athlete's Name** \_\_\_\_\_



**MANHATTAN CHRISTIAN ATHLETICS  
PARENT PERMISSION FORM/MEDICAL RELEASE**

We authorize Manhattan Christian School, the athletic staff and faculty members in charge of the athlete to obtain all necessary medical care and authorize any licensed physician and/or medical personnel to render necessary medical treatment to the athlete.

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

Address \_\_\_\_\_ Phone \_\_\_\_\_