

**CONSENT TO EXAMINE  
AND /OR TREAT A MINOR CHILD**

I/WE BEING THE PARENT OR GUARDIAN OF  
\_\_\_\_\_, A MINOR, WHO IS  
THE AGE OF \_\_\_\_\_, DO HEREBY CONSENT,  
AUTHORIZE AND REQUEST THE DOCTORS  
AND/OR THEIR DESIGNATED ASSISTANTS  
SELECTED BY THE WEST TORRANCE LIONS  
CLUB TO ADMINISTER THE PHYSICAL EXAMS  
AND PROVIDE TREATMENT AS DEEMED  
NECESSARY, ADVISABLE OR REQUESTED ON  
THE ABOVE MINOR BEFORE, DURING AND  
AFTER THE ALL-STAR FOOTBALL GAME.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_