

Informed Consent Form



I hereby give my permission to my child (name) _____ to participate in athletics during the school year 20 - 20. Furthermore, I authorize the school to provide emergency treatment of any injury or illness my child may experience if qualified personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached, and a reasonable effort has been made to do so.

My child and I are aware that participating in athletics is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, collisions, weather, transportation, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood.

I understand this parent consent form and agree to its conditions on behalf of my child.

Students Signature: _____ Date: _____
Parent Signature: _____ Date: _____

EMERGENCY INFORMATION

Athlete's Name: _____
Athlete's Address: _____
Cell Number: _____ - _____ - _____
Family Physician and phone: _____ Phone: _____ - _____ - _____
Insurance Company: _____
Pre-existing medical conditions: _____
Student allergic to any drugs: _____
Student suffer from: Asthma _____ Diabetes _____ Epilepsy _____
Is the student on medications? _____
Does the student wear contacts? _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____
Phone Number: _____ - _____ - _____
Name: _____ Relationship: _____
Phone Number: _____ - _____ - _____

Parent/Guardian Signature: _____ Date: _____