

Informed Consent Form

I hereby give my permission for \_\_\_\_\_ to participate in Football/Volleyball/Basketball/Track/Vocal/Band/Scholars' Bowl (please circle activities that relate to your child) during the activity/athletic season beginning in August 2019 thru May 2020. Further, I authorize the school to provide emergency treatment of any injury or illness my child may experience if qualified medical 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.

Date \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical conditions (e.g., allergies/chronic illnesses)  
\_\_\_\_\_  
\_\_\_\_\_

Other person to contact in case of emergency \_\_\_\_\_

Relationship with person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

My child and I are aware that participating in Football/Volleyball/CrossCountry/Basketball/Track/Cheerleading/Golf/Vocal/Band/Speech/Scholars' Bowl (please circle activities that relate to your child) is a potentially hazardous activity. We assume all risks associated with participation in this sport/activity, including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport/activity. All such risks to my child are known and appreciated by my child and me.

We understand this informed consent form and agree to its conditions.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Email Address \_\_\_\_\_

**\*\*Junior High/High School Parents - please return this form to the High School office.**

**Coaches will receive copies before each activity.\*\***

