

Informed Consent Form

Date _____ Parent or guardian _____

Address _____ Home phone (____) _____

Cell phone (____) _____ E-mail _____

Family physician _____ Phone (____) _____

Medical conditions (e.g., allergies or chronic illnesses) _____

Other person to contact in case of emergency _____

Relationship to person _____ Phone (____) _____

I hereby give my permission for _____ to participate in _____ during the athletic season beginning in _____.

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.

My child and I are aware that participating in _____ is a potentially hazardous activity. We assume all risks associated with participation in this sport, 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. 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.

Child's signature _____ Date _____

Parent's or guardian's signature _____ Date _____