

## Informed Consent Form

I hereby give my permission for my child, \_\_\_\_\_  
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.

Date \_\_\_\_\_ Parent or guardian \_\_\_\_\_

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

Family Physician \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

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

Other person to contact in case of emergency

Relationship to student \_\_\_\_\_ Phone: \_\_\_\_\_

My child and I are aware that participating in \_\_\_\_\_ is a potentially hazardous activity. I 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 me.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Information Card

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ SSN# \_\_\_\_\_ Sport \_\_\_\_\_

List two persons to contact in case of emergency:

Parent/Guardian \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

#2 Parent/Guardian \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Family Physician \_\_\_\_\_

Medical conditions (IMPORTANT) \_\_\_\_\_

Is the student allergic to any drugs? If yes, which one(s)? \_\_\_\_\_

Does the student suffer from: Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Check any that apply

Is the student on any medications? If yes, please list: \_\_\_\_\_

Does the student wear contacts: Yes \_\_\_\_\_ No \_\_\_\_\_ Other information: \_\_\_\_\_

(Continue on back if necessary)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_