

Informed Consent Form

I hereby give my permission for _____ to participate in the following
(students name)
sports: Fall: _____ Winter: _____ Spring: _____ for the school year of **2010-2011**.
(list sports)

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 _____ Home Phone () _____

Cell Phone () _____ Work/Other () _____

Family Physician _____ Phone _____

Medical Conditions (allergies or chronic illnesses): _____

Other person to contact in case of emergency _____

Relationship to athlete _____ Phone _____

My child and I are aware that participating in (the above listed sports) is a potentially hazardous activity. We assume all risks associated with participation in this sport(s), 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.

Athlete's signature _____ Date _____

Parent's or guardian's signature _____ Date _____

If any information on this form changes throughout the year, please be sure to contact the H.S. office.