

# Medical Consent Form

## School Sports Programs

Please complete and sign this form to provide consent for your child to participate in school sports activities and authorize medical treatment in case of emergency.

### Student Information

Full Name

Date of Birth

Grade

### Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

### Emergency Contact

Emergency Contact Name

Emergency Contact Phone

### Medical Information

Allergies (if any)

Current Medications (if any)

Medical Conditions

Family Physician

Physician Phone Number

## Consent and Authorization

I, the undersigned, authorize my child to participate in the school's sports programs. In the event of injury or emergency, I consent to medical treatment for my child as deemed necessary by qualified medical personnel. I acknowledge that I am responsible for all costs incurred.

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Parent/Guardian Signature

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Date