

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.

Parent/Guardian Signature

Date