

School Dance Competition Consent Form

Student Information

Student Name:

Grade:

School Name:

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Email Address:

Emergency Contact

Emergency Contact Name:

Relationship:

Emergency Contact Number:

Medical Information

Allergies or Medical Conditions:

Consent Agreement

I, the undersigned parent/guardian, give permission for the above-named student to participate in the School Dance Competition. I understand that all reasonable safety precautions will be taken. In case of emergency, I

authorize school personnel to obtain emergency medical care.

Parent/Guardian Signature:

Date: