

Extracurricular Club Parent Consent Form

Student Information

Student Name

Grade

Club Name

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Medical Information

Relevant Medical Conditions (if any)

Consent

☐

I give permission for my child to participate in the above club and its related activities.

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In case of emergency, I authorize the club staff to seek necessary medical attention for my child.

Parent/Guardian Signature

Date