

# Sports Activity Parent Consent Form

## Student Information

Full Name

Date of Birth

Grade

Sport/Activity

## Parent/Guardian Information

Full Name

Relationship to Student

Phone Number

Email

Address

## Medical Information

Medical Conditions or Allergies

Emergency Contact Name & Phone

## Parental Consent

I give permission for my child to participate in the activity above and authorize necessary medical treatment in case of emergency.

☐ I agree

Parent/Guardian Signature

Date