

# Extracurricular Club Parent Consent Form

## Student Information

Student Name

Grade

Club Name

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## Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Contact Phone

Contact Email

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## Medical Information

Allergies or Medical Conditions

Emergency Contact Name & Number

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# Consent

I give permission for my child to participate in the above club. I acknowledge that I have provided all relevant medical information, and agree to the club's policies.

Parent/Guardian Signature

Date