

**CONCHO SCHOOL DIST. # 6
PARENTAL/GUARDIAN CONSENT FORM**

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions the injuries can be as severe as to result in total disability, paralysis, quadriplegia, or even death.

I/We also give my/our permission for him/her to travel on school authorized transportation to and from these activities and to be treated for injuries sustained on these trips, at practice, or at home games, by the nearest medical help available when the school employee in charge deems medical treatment necessary and prudent.

I/We hereby give full consent for _____, our child to participate in interscholastic athletic activities.

Date: _____ Signed: _____

My child is covered by our family insurance plan. _____ Yes _____ No
Insurance company and policy number: _____

I want my child to be covered under the school insurance plan. _____ Yes _____ No
Concho School has information available at the main office for an approved insurance plan to cover athletic participation if your child is not currently insured.

EMERGENCY PROCEDURES AND AUTHORIZATION

STUDENT'S NAME _____ BIRTHDATE _____ GRADE _____
ADDRESS _____ HOME PHONE _____
MOTHER'S NAME _____ EMPLOYER _____ PHONE _____
FATHER'S NAME _____ EMPLOYER _____ PHONE _____

If a parent or guardian cannot be located when my child is ill or injured, contact:

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____

In the event I cannot be located, I authorize:

TRANSPORT BY AMBULANCE TO HOSPITAL _____ YES _____ NO
TRANSPORT TO PHYSICIAN _____ YES _____ NO
PERMISSION FOR MEDICAL TREATMENT _____ YES _____ NO

My family physician is _____ Phone _____

Date: _____ Signed: _____