

**PELHAM CITY SCHOOLS
PARENTAL CONSENT FOR PARTICIPATION AND EMERGENCY
MEDICAL TREATMENT**

SPORT _____

The purpose of this document is to give my consent for my child to participate in athletics, to be transported to and from events, and if needed, to receive emergency medical transportation and treatment.

STUDENT' NAME _____

I understand that in the event of a serious injury or sudden illness occurring to my child, every prudent effort will be made by the school and/or medical staff to contact me. If I cannot be contacted, this document (or photocopy) will serve as my parental/guardianship consent for medical treatment. **I ALSO UNDERSTAND THAT THE SCHOOL DOES NOT PROVIDE INSURANCE FOR ATHLETICS AND ANY BILL WILL BE MY RESPONSIBILITY. I ALSO VERIFY THAT MY CHILD IS COVERED BY INSURANCE THAT WILL COVER ANY TREATMENT CAUSED BY INJURY.**

PARENTAL/GUARDIAN NAME (Please Print)

Signature of Parent/Guardian **Date**

Work Phone Number (Parent/Guardian): _____

Home Phone Number (Parent/Guardian): _____

Other (Emergency) Phone Number: _____

INSURANCE INFORMATION
(Student-Athletes MUST have insurance)

Athlete's Name _____

Birthdate _____

Father/Guardian _____

Mother/Guardian _____

Address _____

City _____ State _____ Zip Code _____

Medical Insurance Company _____

Address _____

City _____ State _____ Zip Code _____

Policy Number _____ Group Number _____

Allergies _____