

Parental Consent Form

Student _____ Birthdate _____ Sex _____

Parent or Guardian _____ Address _____

City _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Parents Employer _____ Address _____

Family Physician _____ Address _____

Physician Phone Number _____

Insurance Company _____

Policy Number _____ Group Number _____

Insurance Phone Number _____

Allergies _____

Medications _____

Special Conditions _____

I hereby give consent for the above student to engage in interscholastic athletics for Jefferson Schools in M.H.S.A.A. approved sports during the current school year, and to accompany the team on out of town trips.

I DO give permission for emergency treatment to the above athlete in case of a serious injury.

I DO NOT
(This must be signed in front of a Notary)

Parents Signature _____ Date _____

Notary Public _____ Expiration Date _____

Emergency Phone Numbers (contacts if I cannot be reached)

Person	Phone Number	Relation
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