



**STUDENT ATHLETIC PARTICIPATION
PARENTAL CONSENT FORM**

I hereby give my consent for _____ (student(s) name(s)) to compete in [] all athletics [] all athletics except _____. I also give permission for him/her to travel by bus or car to and from any FCS athletic games or practices. I further understand it is my responsibility to make arrangements for getting my student home. In the event of an emergency or accident, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation (ie. ambulance). Under such circumstances, I authorize such care and treatment to be performed by any physician or surgeon.

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Other: _____

If not able to reach parent, please call:

1. _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

2. _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

VERIFICATION OF INSURANCE

The school makes every effort to protect all students but does not assume any liability for injury. State law requires that a student of any educational institution who practices or participates in any athletic event, **MUST** be insured for \$1500 of insurance covering medical expenses for accidental injuries.

This is to certify that my son(s)/daughter(s) _____ is/are protected under the terms of an insurance policy that provides a minimum of \$1500 medical expense for accidental injury. This coverage will be in effect from this signature date and maintained by me until the last day of school attendance.

Name of Insurance Company: _____

Type of Insurance Coverage: _____

Parent/Guardian Signature: _____ Date: _____