

# SAN BENANCIO MIDDLE SCHOOL ATHLETICS

## PARENT'S CONSENT FOR AFTER SCHOOL SPORTS

I hereby give my consent for my student to participate in after school sports sponsored by the Washington Union School District as indicated below.

**Student's Name (Last, First):** \_\_\_\_\_, \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
LAST NAME FIRST NAME

**Sport:** \_\_\_\_\_ **Season:** Fall Winter Spring **Grade:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Homeroom Teacher:** \_\_\_\_\_

**Pertinent medical information, health concerns, limitations, or allergies (foods, medications, etc.):**

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of an emergency arising during after school sports, I hereby authorize a representative of the Washington Union School District to arrange medical treatment for my student, \_\_\_\_\_  
STUDENT NAME

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### EMERGENCY CONTACTS & INFORMATION

**Primary Contact Person:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone(s):** \_\_\_\_\_

If the person named above is not available in the event of an emergency, notify the following:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone(s):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone(s):** \_\_\_\_\_

### MEDICAL INFORMATION

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Insurance Carrier:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

GO OAKS!