

Parent Consent Form

*Please return to Berkeley Carroll

Name: _____ Sport (s): _____

Address: _____

Parent(s): _____

E-Mail Address: _____

I hereby give permission for my son/daughter to participate in the _____ program sponsored by the Berkeley Carroll School. I understand that participation in this sport may involve strenuous physical activity and bodily contact, and consequently may cause serious injury.

Permission is hereby granted to the attending physician to proceed with any medical attention that may be needed. I understand that the attending physician will make every attempt to contact me before proceeding. If said physician is not able to communicate with me, the treatment necessary in the above named student may be given.

In the event an emergency arises during a practice session an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the school nurse or coach in charge to provide the needed emergency treatment to the athlete.

I also agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any times after the date this document is signed.

Parent or Guardian Signature

Date

Berkeley Carroll provides private transportation for most away games. However, it is often easier and faster for teams to take public transportation. Some students may wish to go home directly from the field or school we are visiting. Please indicate the schools and fields your child has permission to go directly home from.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Emergency Contact Information:

Name: _____

Relationship to Student: _____

Phone: _____

E-Mail: _____

Please list any medications your child takes:

Please list any medical conditions your child may have.

Please indicate if your child has been treated for a serious medical condition.

Please list any allergies your child may have.

