



INTERSCHOOL ATHLETIC CONSENT FORM

This form is to be completed on behalf of a student who wishes to participate in interschool sport and must be returned to the coach prior to the first tryout.

Please complete the following information:

Student Name:	Date of Birth:
Parent/Guardian Name(s):	Parent/Guardian Phone Number(s):
Emergency Contact Name and Phone Number:	Emergency Contact Relationship to Student:
Relevant Medical History (e.g., Allergies, Asthma, Concussions, etc.):	

Please note that the LDCSB does not provide any accidental death, disability, dismemberment, medical or dental insurance on behalf of students participating in interschool athletics. For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice. By allowing your child to participate in interschool athletics, you are assuming the risk of an injury occurring.

Should medical or hospital services be required by the above listed participant, and with the understanding that every reasonable effort will be made by the coach/school/hospital to contact me, my signature on this form authorizes medical personnel to administer medical and/or surgical services. I understand that any costs will be my responsibility.

Parent/Guardian Signature: _____