

JAMES B. CONANT HIGH SCHOOL

Athletic Department

OPEN GYM CONSENT FORM

It is with my knowledge and consent that my son/daughter _____
(Student Name)
participate in open gym _____.
(Activity)

I understand that because of the hazards of physical injury inherent in athletic participation. I am advised to obtain adequate health and accident insurance for this activity.

(Date) (Signature of Parent/Guardian) (phone #)

Name: Last First Class: Phone: Age:

Home Address _____ Phone _____ Relationship _____

Physician _____ Phone _____ Hospital _____

In case of emergency, attempt to contact a parent at home or at work. If we cannot be reached, attempt to contact the alternate listed below.

Alternate name _____ Phone _____ Relationship _____

Permission is hereby given granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

Permission is also granted to the athletic trainer to provide the needed emergency treatment prior to the student's admission to the medical facilities.

Father's Signature Date Mother's Signature Date

Work Phone _____ Work Phone _____

Comments or added directions: _____

Sport Participating in: _____