



# Parent Consent Form

In Saskatoon High Schools, a student is required to obtain the written consent of his/her parent or guardian before being permitted to participate in intercollegiate athletics. While all teams are supervised to the best ability of the staff member in charge, there is the possibility of injury. Of particular concern is the presence of some disability or chronic condition of which the teacher-coach is unaware.

Your son/daughter \_\_\_\_\_ is now trying out for the  
(name)  
school's \_\_\_\_\_ team. If you are in agreement, please complete the following.

Family physician: \_\_\_\_\_

Hospital Card Number: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_  
Day Month Year

Is your son/daughter being treated for any medical condition, disease or injury? YES \_\_\_ NO \_\_\_

If yes, please provide further information.

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I give permission for \_\_\_\_\_

to participate in \_\_\_\_\_ for the 20\_\_\_\_ - 20\_\_\_\_ school year.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

This form is kept on file at the school where the above mentioned student is enrolled and will be treated as confidential.