

# STUDENT AND PARENT CONSENT & MEDICAL FORM

PLEASE PRINT Student's Complete Legal Name

\_\_\_\_\_  
First Middle Last  
DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

## STUDENT PARTICIPATION

This application to participate in athletics at Elk Rapids High School is voluntary on my part and is made with the understanding that I will abide by all the eligibility rules set up by Elk Rapids High School and Michigan High School Athletic Association (MHSAA).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## PARENT OR GUARDIAN CONSENT

I hereby give my consent for the above-named student to engage in interscholastic athletics at Elk Rapids High School during this current school year, and to accompany the team as a member on its out-of-town trips. I understand that my son/daughter will be expected to adhere firmly to all established athletic policies. I have read both the Athletic Code and the MHSAA eligibility rules.

\_\_\_\_\_  
Parent's name

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

## EMERGENCY INFORMATION & MEDICAL TREATMENT CONSENT (To be completed by parent/guardian)

### Emergency Contacts

\_\_\_\_\_  
Phone # \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_

Recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances. Please, make the following notations on my child's records:

Allergies to medications  
\_\_\_\_\_  
\_\_\_\_\_

## INSURANCE COMPANY

\_\_\_\_\_  
Group # \_\_\_\_\_

\_\_\_\_\_  
Plan # \_\_\_\_\_

\_\_\_\_\_  
Subscriber Name \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date