

**AMPHITHEATER PUBLIC SCHOOL DISTRICT CONSENT  
FOR INTERSCHOLASTIC PARTICIPATION AND  
EMERGENCY INFORMATION**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Arizona Zip Code \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency, and a parent/guardian cannot be contacted, the school is authorized to proceed as indicated below in the order listed.

Name (friend/relative) \_\_\_\_\_ Phone Number \_\_\_\_\_

Name (friend/relative) \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Known Allergies \_\_\_\_\_

**Parent(s)/Guardian(s) Permission:**

I/We give our permission for the above named student to participate in organized school athletics, realizing that such activity involves the potential for injury and/or transmittable disease that are inherent risks in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment, and strict observance of rules, injuries and/or transmittable diseases are still a possibility. On rare occasions, these injuries and/or transmittable diseases can be so severe as to result in total disability, paralysis, or even death.

**Consent for Emergency Care:**

**If emergency medical action or treatment is required, and the parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials.** I understand that any expenses incurred will be the financial responsibility of the parent/guardian, or insurance coverage provided by the parent/guardian, and that medical or other expenses are not the responsibility of the school or the school district. It is hereby understood that the consent and authorization given and granted by this form are continuing, and are intended to extend throughout the current school year.

**Extra-Curricular Activities Insurance:**

I certify we have medical and hospital insurance to cover the above named student. The name of the insurance company is as follows:

Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_  
**Date**