

Lynnwood High School
3001 184th St. SW Lynnwood, WA 98037
Phone: 425-670-7520 FAX: 425-670-7526

EXTRACURRICULAR INFORMED CONSENT FORM

Student Name _____ Student # _____ Grade _____

Address _____ Phone _____

PARENT CONSENT

I hereby request that my son/daughter be permitted to participate in _____ during the _____ school year.

EMERGENCY INFORMATION

Parent/Guardian Name _____ Phone _____

Alternate Contact _____ Phone _____

Chronic Health Problems (Asthma, Diabetes, Allergies) _____

Family Doctor/Clinic _____ Phone _____

It is recommended that all students have medical or student accident insurance. Student accident insurance is available through Excel Serv. Contact the main office for details.

Health Insurance Carrier: _____ Plan # _____

I hereby authorize any medical or surgical care including anesthesia, laboratory x-rays and other procedures necessary in the emergency medical care of the above named minor during his/her activity.

PARENT/STUDENT SIGNATURES

I understand these activities are school related and agree to follow all program, building and district rules.

X Parent/Guardian Signature _____ Date _____

X Student Signature _____ Date _____

This will be kept on file by the advisor and will be readily available for emergencies.