

Columbia Grammar & Preparatory School
Department of Athletics
Parent Consent Form

Student's Name: _____ Grade in the fall _____

Father's Name: _____ Mother's Name: _____

Tele. No. (W): _____ Tele. No (W): _____

I hereby give permission for my son/daughter to participate in the following sports sponsored by Columbia Grammar & Preparatory School: _____

I understand that if an emergency arises during a practice session or contest an effort will be made to contact the parents or guardians as soon as possible. I also give permission to the school nurse or coach in charge to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facility.

In the event that I cannot be contacted and emergency hospital care/treatment is needed, I give permission for my child to be taken to the nearest hospital and given emergency care and treatment.

I also agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

*Note: In the event of significant illness or injury resulting in absence from school, written permission by a doctor must be given to the Athletic Director in order for a student to resume athletic activity.

*Note: Athletes are warned that they might be seriously injured by participating in sports.

Private transportation will be provided by C.G.P.S. for most games away from school. We can drop off a student at various avenues or streets if they are located on our route back to C.G.P.S. Please check the clause below which best meets your needs.

*Note: Students may not drive to and from athletic events.

I hereby give my son/daughter permission to be dropped off on or near _____ whenever it is convenient for the driver.

My son/daughter must accompany the coach and the team back to C.G.P.S. from all away games.

Signature of Parent or Guardian

date