



EDMOND PUBLIC SCHOOLS

Empowering all students to succeed in a changing society

Parent Permission to Participate

The parent/guardian signing below hereby grants permission for the student to participate in the School Activity. Both parent/guardian and Student have read this agreement, voluntarily sign below, and agree to be bound by the terms and conditions of this agreement.

Student's Signature

Parent/Legal Guardian's Signature
(For students under 18 years old)

(Print Student's Name)

Dated: _____

Important Contact Information

Parent Name (Print): _____

Phone Number (Home) _____ Work or Cell Phone: _____

In the event of illness or accident, if we should need to contact someone other than listed above, please contact:

Name: _____ Phone: _____

Consent to Medical Care

If your child sustains a non life-threatening injury, Oklahoma law requires that a hospital have parental consent before beginning treatment. This form allows you to give the necessary permission, even if your child is under the care of another adult. With your consent, this form can be presented at any medical office, clinic, or hospital in Oklahoma for emergency medical care.

In the event of illness or injury, Student and parent/guardian hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of Student. It is understood that the resulting expenses will be the responsibility of the student participant and/or parent or guardian.

(Parent or guardian signature regarding Consent to Medical Care only)