

Consent to Participate & Medical Release Form

Lake Orion Baptist School

My child, _____, has permission to participate in the LOBS athletic program during the _____ school year.* In the event of an accident or injury requiring medical attention, I understand that I will be contacted immediately. I agree that consent for emergency medical treatment may be given by a coach, an adult sponsor or an emergency medical professional if contact with me has not yet been made. I understand that First Baptist Church of Lake Orion is not responsible for any medical expense incurred because of illness or injury.

- *Please check all that apply:
- Fall Season
 - Winter Season
 - Spring Season

Insurance Information

Insurance Provider _____

Policy Number _____

Medical Information

Please list below any allergy or medical information of which we should be aware.

Emergency Phone Numbers: _____

Transportation Information:

I give permission for my child to travel to and from away games and off-site practices as follows:

(Check **ALL** that apply)

- On a school vehicle with a school-authorized driver.
- With a parent or faculty member (driver) in a private vehicle as necessary.
- With another student (driver) in a private vehicle as necessary. (Parents will be contacted anytime it would be necessary for students to ride with another student.)

Please list the names of any additional people (other parents, students, etc.) your student may ride with:

Parent Signature: _____ Date: _____