

Consent to Participate & Medical Release Form

Lake Orion Baptist School 2024-2025

My child, _____, has permission to participate in the LOBS athletic program during the **2024-2025** school year.

- In the event of an accident or injury requiring medical attention, I understand that I will be contacted immediately.
- I agree that 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 the First Baptist Church of Lake Orion/Lake Orion Baptist School 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/Contract Number: _____

Medical Information *(if none please specify)*

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

Emergency Phone Number(s): _____

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 vehicles as necessary. (Parents will be contacted anytime it would be necessary for student 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: _____