

T. J. Walker Middle School Athletics Parent Consent Form

The holder of this consent form is a member of the T. J. Walker Middle School coaching staff and is granted parental permission to seek medical attention on an emergency basis for:

Athlete's Name (print): _____

Grade: _____

Please release the patient to the coach after treatment.

Legal Parent(s)/Guardian: _____

Signature _____ Date _____

Phone Number(s) _____

* Name of Insurance Company: _____

* Policy Number: _____

* All students participating in athletics must be insured. This information is required. If currently uninsured, school insurance is available for students at an affordable price.