

# Parent Permission Slip for Sports Activities

Dear Parent or Guardian,

Your child has the opportunity to participate in sports activities organized by our school. Please read the form below and provide your permission for your child's participation.

## Student Information

Student Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

## Activity Details

Sport(s) or Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

## Parent/Guardian Consent

I hereby give permission for my child to participate in the sports activity described above. I understand that reasonable precautions will be taken to ensure the safety of my child. I acknowledge that participation involves physical activity and, as with any sport, some risk is involved.

In case of emergency, I authorize the school to seek necessary medical care for my child.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_