



TSEHOOTSOOI MIDDLE SCHOOL CONSENT FORM PARENT'S CONSENT OF EMERGENCY FORM

BE IT KNOWN THAT I, THE UNDERSTAND PARENT OR GUARDIAN OF _____, DO HEREBY GIVE AND GRANT UNTO ANY MEDICAL DOCTOR OR HOSPITAL MY CONSENT AND AUTHORIZATION TO RENDER SUCH AID AS IN THE JUDGMENT OF SAID DOCTOR OR HOSPITAL AND MAY BE REQUIRED ON AN EMERGENCY BASIS IN THE EVENT SAID STUDENT SHOULD BE INJURED OR STRICKEN ILL WHILE PARTICIPATING IN AN INTERSCHOLASTIC ACTIVITY.

IT IS HEREBY UNDERSTOOD THAT THE CONSENT AND AUTHORIZATION HEREBY GIVEN AND GRANTED ARE CONTINUING AND ARE INTENDED BY ME TO EXTEND THROUGH THE CURRENT SCHOOL YEAR.

DATED THE _____ DAY OF _____, 20_____, ARIZONA
MAILING ADDRESS: _____
PHYSICAL ADDRESS: _____
PARENT/GUARDIAN'S NAME (PRINT) _____
HOME PHONE: _____ WORK PHONE: _____
EMERGENCY PHONE: _____
CENSUS NO. _____ FDIH CHART NO. _____

I GIVE MY PERMISSION FOR MY CHILD _____ TO PARTICIPATE IN _____ FOR THE 20____ THROUGH 20____ SCHOOL YEAR.

STUDENT'S NAME: _____
PARENT/GUARDIAN SIGNATURE: _____

PERMISSION IS HEREBY GRANTED TO WINDOW ROCK UNIFIED SCHOOL DISTRICT TO RELEASE MY SON'S/DAUGHTER'S NAME, SIZE, GRADE, POSITION, ETC. FOR USE IN PROGRAMS AND RELATED ATHLETIC STORIES FOR NEWSPAPERS, YEARBOOKS, RADIO ANNOUNCEMENTS, ETC. UNLESS I CONTACT THE TSEHOOTSOOI MIDDLE SCHOOL ATHLETIC COORDINATION WITHIN FIVE (5) DAYS OF THE DATE I GRANT MY CHILD PERMISSION TO PARTICIPATE IN ATHLETICS.

SIGNATURE OF PARENT/GUARDIAN: _____
DATE: _____