



**Parent Consent & Medical Release**

I, the undersigned parent/guardian of, \_\_\_\_\_, do hereby authorize the directors of the Loveland Protestant Reformed School Athletics to seek appropriate medical attention in the event that treatment is necessary for our athlete. I agree to cover all costs of any hospital expenses, doctor bills, or any other expenses that may be incurred as a result of treatment given to my child for illness or injury while he/she is attending the practice and/or games. I hereby grant permission for him/her to participate in practices and games, and acknowledge the fact that he/she is physically able to participate in athletic activities. I will assume responsibility to inform coaches if the physical condition of our child changes between the time of this statement and the time the season begins. The signature of the parent/guardian relieves Loveland Protestant Reformed School, coaches and workers of any and all liability.

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**Signature of Parent/ Guardian:** \_\_\_\_\_

**Printed Name of**

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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