

Lewisville Independent School District

The Colony High School
4301 Blair Oaks Road
The Colony, Texas 75056
(469) 713-5178

To Whom It May Concern:

I hereby give my consent for _____ to represent his/her school in cheerleading activities and to accompany the cheerleading squad, as a member, to other schools and activities.

I also give my consent and authorize the school or its representative to obtain, through a physician of its choice, such medical attention as is reasonably necessary for the welfare of the student, if he/she is injured or ill while in the course of school activities. I understand that the school is not financially responsible for any injury which may occur.

Date

Signature of Parent/Guardian

Insurance Company

Parent/Guardian (please print)

Policy Number

Address

Notary

City, State, Zip

My Commission Expires

Emergency Phone # (day & night)

This student is allergic to: _____

This form must be completed and on file with the sponsor before any student will be allowed to practice or participate.

It is essential that this authorization form be notarized in order for most hospitals or physicians to treat a student.