

Jordan Elbridge Central School District

Elbridge Elementary School Running Club 2019

Please sign and return this form if you authorize your child to participate in the Elbridge Elementary School Running Club.

Parent Consent:

I hereby consent for my child _____ to participate in a school sponsored activity. I also agree to pick my child up from Elbridge Elementary School no later than 4:30 PM on the day of the running club activity.

Medical Information:

Name of Primary Care Provider: _____

Phone number of Provider: _____

Emergency Contact Name and telephone number: _____

I understand that should emergency medical services be required for my child during this activity, school personnel will call 911 immediately.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____