

Ramona Convent Secondary School
1701 W. Ramona Road , Alhambra, CA 91803
(626) 282-4151 * www.ramonaconvent.org

PARENT CONSENT FORM

I hereby give consent for my daughter _____
to participate in Ramona Convent's Athletic program.

I understand that a complete physical is required by all athletes annually. * **The date of my daughter's last physical exam was:**

Date of Physical Exam

Doctor's Name

I hereby give consent for my daughter to be given emergency treatment and/or medical aid if necessary during any and all school sponsored team activities.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME (please print) _____

ADDRESS: _____

PHONE NUMBER: (Home) _____

(Work) _____

NAME OF FAMILY MEDICAL INSURANCE PLAN: _____

ALTERNATE EMERGENCY CONTACT: NAME: _____

PHONE # _____

DATE _____

*** An annual physical exam is a CIF requirement for participation in athletics. Physical exams must be completed before participation takes place. By signing this form you are attesting that you understand this ruling and that she has been cleared for participation with a complete physical exam within the last calendar year.**

Ms. Rebecca Lamas
Athletic Director