

# PARENTAL CONSENT & PERMISSION SLIP

## Annual Sports Meet 2026

**Student Name:** \_\_\_\_\_

**Grade & Section:** \_\_\_\_\_

**House Color:** \_\_\_\_\_

### 1. EVENT OVERVIEW

The **Annual Sports Meet 2026** will take place from **February 12th to February 14th, 2026**. This event is designed to promote physical health, teamwork, and school spirit. Activities include track races, long jump, shot put, and various team sports.

- **Venue:** Main School Stadium & Sports Complex.
- **Time:** 8:30 AM – 4:00 PM daily.
- **Supervision:** Students will be supervised by faculty members and certified coaches.

### 2. MEDICAL & EMERGENCY INFORMATION

Please list any allergies, medications, or physical conditions the school should be aware of:

**Emergency Contact Person:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

### 3. PARENT/GUARDIAN AUTHORIZATION

I, the undersigned, being the parent/legal guardian of the student named above, hereby:

- Grant permission for my child to participate in the Annual Sports Meet 2026.
- Confirm that my child is physically fit to participate in strenuous athletic activities.
- Authorize the school staff to obtain medical treatment for my child in the event of an emergency if I cannot be reached immediately.
- Understand that the school will exercise all reasonable care, but cannot be held liable for injuries sustained during the normal course of sports activities.

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

**Date Signed:** \_\_\_\_\_

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**INTERNAL USE ONLY** Received by: \_\_\_\_\_ | Date: \_\_\_\_\_

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