



CARROLLTON-FARMERS BRANCH ISD

## Carrollton-Farmers Branch All Stars Special Olympics Consent

I/we \_\_\_\_\_ being the parent(s) or legal  
parent/guardian name(s)  
guardian(s) of \_\_\_\_\_ give consent for  
name of student  
my child to participate in Special Olympics and all  
activities related to Special Olympics.

SIGNED AND AGREED to on this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_.

X \_\_\_\_\_ (Home)  
Telephone Number  
\_\_\_\_\_ (Work)  
Telephone Number