

GLASCOCK COUNTY CONSOLIDATED SCHOOL
1230 PANTHER WAY
GIBSON, GA 30810

SUBJECT: Parental Authorization for Extracurricular Activities

My son or daughter, _____, has permission to participate in extracurricular activities at Glascock County Consolidated School. I am aware that my child will be traveling to school sponsored activities. Also, in the event of a medical emergency, I will give my consent for a coach or other school official to authorize emergency care for my child if I cannot be reached.

Uniforms issued to athletes are the responsibility of the athlete. The athlete will pay for any uniform lost or not returned.

Parent or Guardian

Student's Name: _____

Address: _____

Phone Number: _____

Person to contact in an emergency: _____

Emergency Phone #: _____

Insurance Company & Policy: _____

Social Security #: _____

*****No child can participate in any extracurricular activities without insurance.**