



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT ATHLETICS
STUDENT-ATHLETE ELIGIBILITY PACKET – PARENT CONSENT

1108 Bissell Ave. Richmond, CA. 94804 510.231.1100

Student Last Name

Student First Name

School Year

High School

 PARENT'S CONSENT FOR MEDICAL TREATMENT

In case of emergency due to an injury or accident when I cannot be contacted, I hereby authorize school personnel to arrange for any medical assistance and paramedic transportation.

Yes, I have read and understand that the West Contra Costa Unified School District

