

# Lewisville Independent School District

**The Colony High School**  
**4301 Blair Oaks Road**  
**The Colony, Texas 75056**  
**(469) 713-5178**

To Whom It May Concern:

I hereby give my consent for \_\_\_\_\_ to represent his/her school in cheerleading activities and to accompany the cheerleading squad, as a member, to other schools and activities.

I also give my consent and authorize the school or its representative to obtain, through a physician of its choice, such medical attention as is reasonably necessary for the welfare of the student, if he/she is injured or ill while in the course of school activities. I understand that the school is not financially responsible for any injury which may occur.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Notary

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Emergency Phone # (day & night)

This student is allergic to: \_\_\_\_\_

This form must be completed and on file with the sponsor before any student will be allowed to practice or participate.

It is essential that this authorization form be notarized in order for most hospitals or physicians to treat a student.