

**PORTER CONSOLIDATED SCHOOLS  
P.O. BOX 120  
PORTER, OKLAHOMA 74454  
918-483-2401---918-483-7011**

**PARENTAL CONSENT FORM  
2016-2017 SY**

DATE \_\_\_\_\_

My son/daughter, \_\_\_\_\_, has my permission to attend all school sponsored activities, including but not limited to FFA, Student Council, FCCLA, JOM, Class, Art, Cheerleading, Academic, Yearbook, Athletic Trips and Student of the Month.

In case of an emergency, a Porter School Sponsor has my permission to take \_\_\_\_\_ to the doctor or hospital.

Preferred Physician \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

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

\_\_\_\_\_

Home phone	Work phone	Cell phone
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Emergency Contact \_\_\_\_\_

\_\_\_\_\_

Home phone	Work phone	Cell phone
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Insurance Name and Number \_\_\_\_\_

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