



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

