



# SBC-3 – PARENTAL CONSENT FORM

**National Sigma Beta Club Foundation, Inc.**  
**Attn: Finance and Membership**

3313 Government Street  
Baton Rouge, Louisiana 70806

E-mail: [sigmabetaclubfoundation@hotmail.com](mailto:sigmabetaclubfoundation@hotmail.com)

Website: [www.sigmabetaclub.org](http://www.sigmabetaclub.org)

**Please Print or Type Application:**

---

Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: home \_\_\_\_\_ cell \_\_\_\_\_

I/(We), give permission for our son, \_\_\_\_\_  
as named above, to participate in the Sigma Beta Club, National Sigma Beta Club  
Foundation. In addition, I/(We), the parent(s) of the above named youth do hereby  
authorize any treatment or emergency care needed for said child by any licensed nurse,  
physician, or hospital while participating in the activities of the Sigma Beta Club.

As the parent(s)/next of kin and guardian of said minor, I/(We), forever release, acquit  
and discharge National Sigma Beta Club Foundation, Board members and Officers, his  
affiliate club, its officers and advisors, and Phi Beta Sigma Fraternity, Inc., its  
Board members and officers, from any and all liabilities, claims and causes of  
action which I/(We) or my/(our) representatives may have by reason of said emergency  
care.

**Please maintain a copy for your chapter and club files.**

My/Our child is covered by:

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Effective from \_\_\_\_\_ to \_\_\_\_\_

Known medication he using:

\_\_\_\_\_  
\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Doctor/Physician's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

**Parent/Guardian Signature(s):**

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribe and sworn before me \_\_\_\_\_ DAY OF \_\_\_\_\_,  
20\_\_\_\_\_.

Notary Public, State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**Please maintain a copy for your chapter and club files.**