



**SBC-3 – PARENTAL
CONSENT FORM**
As of May 2022 - Calendar Year
FEES ARE SUBJECT TO CHANGE

National Sigma Beta Club Foundation, Inc.
Attn: Membership/Finance
701 Loyola Avenue #57203
New Orleans, Louisiana 70157
Website: www.sigmabetaclub.org

NOTE: Parents/Guardians, submit original forms to SBC Chapter

Please Print or Type Application:

Date: _____

Parent/Guardian Name: _____

SBC Member Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent Phone#: (home) _____ (cell): _____ (work): _____

Parent's Email address: _____

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 approved activities of the Sigma Beta Club either sanctioned by the sponsored _____ Chapter or the National Sigma Beta Club Foundation.

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 SBC 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.



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Medical Information (Please Print or Type Application):

My/Our child is covered by:

Insurance company: _____

Policy number: _____

Effective from: _____ to _____

Known medication:

Known Allergies: _____

Doctor/Physician's Name: _____

Contact Number: (main) _____ (fax) _____

Contact E-mail Address: _____

Parent/Guardian Signature(s):

Print: _____ Sign: _____ Date: _____

Notary Information:

Print: _____ Sign: _____ Date: _____

Subscribe and sworn before me _____ DAY OF _____, 20 _____

Notary Public, State of _____ My Commission Expires _____



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