## SOUTH MEADOW SCHOOL ATHLETICS PERMISSION & EMERGENCY INFORMATION



Dear Parents:

Your child is interested in participating in an extracurricular athletic program. All students planning to participate must have parental permission. This form serves as parental permission and an emergency contact form.

This year, transportation will be the responsibility of families due to the COVID-19 mitigations strategies that are still in effect at the middle school.

| Please fill out the form below and have y   | your child ret | urn it to their ad | visor.       |        |
|---|----------------|--------------------|--------------|--------|
| Student's Full Name:  |                |                    | 1            | DOB:   |
| Activity to Participate in (circle one):  | Baseball       | Softball           | Running Club | Grade: |
| Parent's (Guardian's) Name:   |                |                    |              |        |
| Phone:  | Emai           | l address:         |              |        |
| Is there a health condition that we shou  | ld be aware o  | of?                |              |        |
| If yes, please explain:   |                |                    |              |        |
| Does your child have any allergies? If ye   | s, please spe  | cify allergen and  | reaction:    |        |
|   |                |                    |              |        |
| If parent/guardian cannot be reached in   | case of an e   | mergency, please   | notify:      |        |
| Name:   | Re             | lationship to stud | dent:        | Phone: |
| Name:   | Re             | lationship to stud | dent:        | Phone: |
| Physician's Name:   |                |                    | Phone: _     |        |
| Address:  |                |                    |              |        |
| Is the student covered by accident insura   | ance? Yes _    | No                 |              |        |
| All sports are potentially dangerous, and coach/trainer/staff to apply first aid treatransport or other emergency services. |                |                    | •            |        |
| Parent's (Guardian's) Signature:  |                |                    |              | Date:  |

\*PLEASE NOTE: all student athletes are required to have a physical exam within the last two years indicating that the student is cleared to fully participate in athletics. Please make sure that the school has a copy of your student's Universal Health Form or similar document from their provider.