

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.

Please fill out the form below and have your child return it to their advisor.

Student's Full Name: _____ DOB: _____

Activity to Participate in: _____ Grade: _____

Parent's (Guardian's) Name: _____

Phone: _____ Email address: _____

Is there a **health condition** that we should be aware of? _____

If yes, please explain: _____

Does your child have **any allergies**? If yes, please specify allergen and reaction: _____

If parent/guardian cannot be reached in case of an emergency, please notify:

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

Physician's Name: _____ Phone: _____

Address: _____

Is the student covered by accident insurance? Yes _____ No _____

All sports are potentially dangerous, and injuries may occur to any participant. Your signature below authorizes the coach/trainer/staff to apply first aid treatment and/or refer the student for medical treatment, including ambulance transport 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.**