NEAH-KAH-NIE MIDDLE SCHOOL ATHLETIC PERMISSION SLIP

Participation in athletics has many rewards and can provide tremendous enjoyment. However, it is important for both participants and parents to realize that an element of physical risk is present when one is involved in athletics. The purpose of this letter is to clarify the school's position in terms of insurance coverage and to obtain your permission in securing the quickest medical assistance possible, if your son or daughter should be injured.

The school's insurance coverage, like that of all schools, does not cover personal injury that is the result of athletic participation. It is important that you check with your own insurance carrier to be certain that athletic injury for your son or daughter is covered by your own policy. The school's insurance policy does cover injury that would result from an accident incurred with school transportation going to and from practice or game sites. Students who choose to provide their own transportation must carry their own insurance coverage. Likewise, students and/or parents who volunteer to transport others to and from practice and/or games are not covered by school insurance.

PLEASE COMPLETE THIS FORM AND RETURN IT IMMEDIATELY TO THE MIDDLE SCHOOL OFFICE.

Student Name ____________________________ Grade __________

His/Her Sports __________________________

☐ Check box if student is interested in all sports.

Parent whose policy covers athlete ____________________________ Policy number ____________________________

I hereby give permission to the proper school authorities to seek the appropriate medical assistance for our son or daughter in the event of an injury. I likewise understand that the school is not liable for the payment of the medical costs in the event of injury sustained in athletic participation. I assure the school that I am duly authorized to execute this document.

Parent signature ____________________________ Date __________

Daytime phone number ____________________________ Evening phone number ____________________________

Emergency contact ____________________________ Phone number ____________________________

Please circle answers below and explain any "yes" if, in the past year, student named above:

1. Has had injuries requiring medical attention ____________________________ Yes No

2. Has had illness lasting more than a week ____________________________ Yes No

3. Is under a physician's care now ____________________________ Yes No

4. Takes medication now ____________________________ Yes No

5. Wears glasses: Yes No Contact lenses: Yes No

6. Had been in a hospital (except tonsils) ____________________________ Yes No

If yes, explain here: ________________________________________________________________

Do you know any reason why this student should not participate in sports? Yes No

Explain ________________________________________________________________

Physician ____________________________ Phone ____________________________

A copy of this permission slip must be provided to the coach at the beginning of any/all sporting seasons.