

SCHAGHTICOKE MIDDLE SCHOOL
NEW MILFORD, CT

PARENT'S CONSENT FOR INTRAMURAL PARTICIPATION

Student's Name _____ Grade _____
Address _____
Name and phone number to call in case of an emergency: _____

The intramural program is an important extension of Physical Education at Schaghticoke Middle School. This program allows the student to participate in activities that bring with them many physical and social opportunities. Your child will partake in this program of his/her own accord and with your knowledge and consent.

The school does not carry a general accident policy. It is therefore important that you consider the type of accident insurance plan that you have for your child before you grant permission to participate in these extracurricular activities. The administration and supervisors wish to remind you that every possible precaution will be taken to safeguard your child during these activities. The precautions in part will include: proper warm-up and physical conditioning, wearing protective equipment as necessitated by the activity, and proper instruction in skills and techniques by the supervisors.

Sessions are held in the afternoons **until 4:00**. The participants must provide their own transportation following each session.

Are there any health concerns that we need to know? Yes _____ No _____

If yes, please explain: _____

Please list any medications that your child will bring to practice i.e. epipens, inhalers, etc. The coach will keep the medication in the first aid kit for the duration of the intramural activity:

Activity: _____ (Please list only one activity. A new
Permission slip must be filled out for
Each activity)

Please complete and **return to the coach** of the activity on the first day of the activity.

Signed _____ Date _____
(Parent/guardian)

If your child is not picked up by 4:00, he/she will not be eligible for participation.

