

Crawford County Athletic Permission Form

We, the undersigned, being the parents or guardian of _____, a student in the Crawford County School District, hereby grant permission for said student to participate in the athletic program at Crawford County Schools. Neither the said school system nor the school board of Crawford County, nor any employee of said school system is liable or shall be held liable for any loss, damage or injury sustained for the participation of said student in any practice, game, or contest, or in traveling to or from any practice, game, or contest. This permission is effective as of this date and shall continue so long as said student is a student within said school system unless revoked by the undersigned in writing and delivered to the coach and principal of said student's school.

Signed: _____

Date: _____

Insurance Waiver

My child, _____ is covered by my personal medical insurance policy in the event he/she should be injured during an athletic practice or contest.

Name of Insurance Company: _____

Policy Number: _____

Permission for Medical Treatment

I hereby give my permission for a representative of the Crawford County School System to obtain any medical treatment needed for my child, _____, as a result of his/her participation in the school system athletic program.

Parent's Name: _____

Address:

Phone Number: _____ or _____

Family Physician: _____

Phone Number: _____