

Milltown School District
Activity Participation and Emergency Authorization
School Year 20____ - 20____

I give permission for _____ (name of child) to participate in :

(Name of sport/activity)

I have reviewed and understand the eligibility rules and I am aware that with participation in sports and other activities comes the risk of injury to my child. I understand that the degree of danger and the seriousness of risk vary significantly from one sport/activity to another, with contact sports carrying the higher risk. I understand there exists the possibility of bodily harm, including death.

My child has student accident insurance through the school: Yes No or is insured by our family policy with: Name of Company: _____

Policy #: _____ Name of Policy Holder: _____

I am aware that participation in sports and certain other activities will involve travel. I acknowledge and accept the risks with the travel involved, and grant permission for my child to travel.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to provide treatment for my child for any injury or condition resulting from participating in athletics/activities during the school year covered by this form. I further consent to allow said physicians and health care providers to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Emergency Permission

(To be completed and signed by parent/guardian)

Student's Name _____ Grade _____ Age _____

Please list any health problems that might be significant to a physician evaluating your child in an emergency: _____

Please list any medication allergies, etc. _____

Has student been prescribed an inhaler or epi-pen? _____

Is student presently taking medication? _____ If so, name & reason _____

Does student wear contact lenses/glasses? _____ Date last tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Joyce Kilmer School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the minor named above.

Daytime phone number where I can be reached in an emergency: _____

Evening phone number where I can be reached in an emergency: _____

Cell phone numbers (if applicable) _____

Printed name of parent/guardian _____ Relationship _____

Signature of parent/guardian _____ Date: _____

*Any changes in medical condition/medications must be reported to the school nurse immediately.

Emergency permission forms may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.