

ASHLAND ELEMENTARY SCHOOL

Co-curricular Activity Permission Slip

STUDENT AND PARENT INFORMATION

Student _____ Sport: _____ Grade: _____

Mother/Stepmother _____

Home telephone Work telephone _____

Father/Stepfather _____

Home telephone Work telephone _____

EMERGENCY CONTACT INFORMATION (other than parent)

Name Relationship _____

Home telephone Work telephone _____

MEDICAL and INSURANCE INFORMATION MUST BE COMPLETELY FILLED OUT AS PERMISSION SLIPS ARE WITH COACHES AT ALL GAMES. (Please do not put down "on file")

MEDICAL INFORMATION: Medication taken regularly _____

Date of last DPT Other Medical Problems _____

I do/ do not give permission for the advisor to administer Tylenol to my child for minor aches.

Doctor's Name and Telephone _____

Additional info. _____

INSURANCE INFORMATION: Insurance Company

Certificate # Group#

AUTHORIZATION: I authorize the school's representative to transport, request and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold this person liable while he/she is acting according to these directions.

Parent/Guardian Signature Date:

STUDENT/ATHLETE HANDBOOK RULES AND POLICIES ACKNOWLEDGEMENT

We/I have read the Student/Athlete Handbook. We/I understand and agree to comply with the Rules and Policies governing participation in Athletics at Ashland Elementary School. We/I have also read the Ashland Elementary School Athletic Code of Conduct and agree to abide by the Code of Conduct set forth.

Student: _____ Grade: _____

Signature: _____ Date: _____

Parent: _____ Grade: _____

Signature: _____ Date: _____

Parent: _____ Grade: _____

Signature: _____ Date: _____