

# ASHLAND ELEMENTARY SCHOOL

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Dr. Shannon J. Bartlett  
*Principal*

Carrie Sanborn  
*School Counselor*

Zachary Morse  
*Athletic Director*

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## Co-curricular Activity Permission Slip

### STUDENT AND PARENT INFORMATION

Date \_\_\_\_\_ Activity \_\_\_\_\_

Student \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother/Stepmother \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Father/Stepfather \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

My child, \_\_\_\_\_, has permission to participate in the activity listed above.

### 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 \_\_\_\_\_

**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**