

NEAH-KAH-NIE HIGH SCHOOL ATHLETIC PERMISSION SLIP

Participation in athletics has many rewards and can provide tremendous enjoyment. However, it is important for both participants and parents to realize that an element of physical risk is present when one is involved in athletics. The purpose of this letter is to clarify the school's position in terms of insurance coverage and to obtain your permission in securing the quickest medical assistance possible, if your son or daughter should be injured.

The school's insurance coverage, like that of all schools, does not cover personal injury that is the result of athletic participation. It is important that you check with your own insurance carrier to be certain that athletic injury for your son or daughter is covered by your own policy. The school's insurance policy does cover injury that would result from an accident incurred with school transportation going to and from practice or game sites. Students who choose to provide their own transportation must carry their own insurance coverage. Likewise, students and/or parents who volunteer to transport others to and from practice and/or games are not covered by school insurance.

PLEASE COMPLETE THIS FORM AND RETURN IT IMMEDIATELY TO THE HIGH SCHOOL OFFICE.

Student Name _____ Grade _____

Sports _____

Check box if student is interested in all sports.

Parent whose policy covers athlete _____

Health insurance carrier _____ Policy number _____

I hereby give permission to the proper school authorities to seek the appropriate medical assistance for our son or daughter in the event of an injury. I likewise understand that the school is not liable for the payment of the medical costs in the event of injury sustained in athletic participation. I assure the school that I am duly authorized to execute this document.

Parent signature _____ Date _____

Daytime phone number _____ Evening phone number _____

Emergency contact _____ Phone number _____

Please circle answers below and explain any "yes" if, in the past year, student named above:

- | | | |
|--|-----|----|
| 1. Has had injuries requiring medical attention _____ | Yes | No |
| 2. Has had illness lasting more than a week _____ | Yes | No |
| 3. Is under a physician's care now _____ | Yes | No |
| 4. Takes medication now _____ | Yes | No |
| 5. Wears glasses: Yes No Contact lenses: Yes No | | |
| 6. Had been in a hospital (except tonsils) _____ | Yes | No |

If yes, explain here: _____

Do you know any reason why this student should not participate in sports? Yes No

Explain _____

Physician _____ Phone _____

A copy of this permission slip must be provided to the coach at the beginning of any/all sporting seasons.