

**-ATHLETIC PERMIT FORM-**

**\*\*\*A physical exam is required for tryouts and participation in all athletic or related activities.**

Name \_\_\_\_\_ Grade \_\_\_\_\_ has been examined  
on \_\_\_\_\_  
(date)

He/she can participate in extracurricular sports activities as noted:

Full Participation       Limited Participation       No Participation

M.D. Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION  
To be completed by Parent**

Mother's name	Business #	Home/Cell #
Father's name	Business #	Home/Cell #
Physician	Address	Phone #
Hospital	Address	Phone #

Statement

I give parental permission to the school to allow my child to participate in the extra-curricular athletic programs at Gurrie Middle School. In the event of an emergency situation, when neither my spouse nor I can be contacted, I authorize the school administration to take emergency action as may be deemed necessary. The school district has purchased a Student Accident insurance program that covers your child for injuries incurred while participating in school sponsored and supervised activities including sports. Finally, I give my permission for him/her to ride the school bus to and from school sports activities.

Signature of parent/guardian \_\_\_\_\_