

## -ATHLETIC PERMIT FORM-

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

Name: \_\_\_\_\_ Grade \_\_\_\_\_ has been examined  
on \_\_\_\_\_. (PLEASE DATE!)

He/she can participate in extracurricular sports activities as noted. On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

\_\_\_\_ 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#

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 bus to and from school sports activities.

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