

SPRINGFIELD JUNIOR/SENIOR HIGH SCHOOL
PARENT PERMISSION FORM
FOR EXTRA-CURRICULAR ACTIVITIES

I, _____, give my permission for my child, _____, to participate in extra-curricular activities, release the school from liability for accidents or injuries to my child providing reasonable supervision has been provided, and to allow my child to attend extra-curricular activities sponsored by Springfield Junior/Senior High School. I understand that my child will be supervised at all times by school personnel when at a school-sponsored activity or field trip. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

_____ Date

_____ Parent/guardian's Signature

CONSENT FOR EMERGENCY TREATMENT

Student: _____ School: Springfield Junior/Senior High School

Be it known that I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an extra-curricular activity sponsored or sanctioned by the above-named school.

_____ Date

_____ Parent/guardian's Signature

PROOF OF INSURANCE OR MEDICAID INFORMATION

Parent's Home Phone _____ Parent's Work Phone _____

Family Health Insurance Carrier _____

Insurance Carrier Phone Number _____

Policy Number _____ OR Medicaid Number _____

Name of relative or friend who could contact you if you are not at home:

Name _____ Phone Number: _____

******PLEASE COMPLETE BOTH SIDES OF THIS FORM******