

# Sports Permission Form and Emergency Information

My child, \_\_\_\_\_, entering grade \_\_\_\_\_, (boy) (girl), is in good health and able to participate in the competitive athletic program at Saint Timothy Middle School I realize that I am responsible for providing adequate insurance in the event of accidental injury. He/she has my permission to participate in the STMS sports programs below. (Cross out those that you DO NOT wish for your child to participate.

**FALL:**

Boys soccer  
Girls soccer  
Boys Cross Country  
Girls Cross Country

**WINTER:**

6<sup>th</sup> Grade Basketball Boys  
6<sup>th</sup> Grade Basketball Girls  
  
7<sup>th</sup> & 8<sup>th</sup> Grade Basketball Girls  
7<sup>th</sup> & 8<sup>th</sup> Grade Basketball Boys

**SPRING:**

Boys 6<sup>th</sup> through 8th Grade Baseball  
Girls 6<sup>th</sup> through 8th Grade Softball

I give Saint Timothy Middle School's representative permission to authorize emergency medical treatment in the event of an injury and agree to accept financial responsibility for this treatment

Date: \_\_\_\_\_.

\_\_\_\_\_  
(Signature of parent/guardian)

Emergency Contact Information

Parent's home phone: \_\_\_\_\_

Mother's (guardian's) business phone: \_\_\_\_\_

Father's (guardian's) business phone: \_\_\_\_\_

Emergency contact person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency, hospital preference: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child wear contact lenses? \_\_\_\_\_

Please state any health concerns about which the coach should be made aware, e.g. asthma, current injuries, medications taken, etc. If a problem regarding these conditions arises, how do you wish the coach to handle it? Use additional sheets if necessary.

Email address \_\_\_\_\_