

MONTAUK PUBLIC SCHOOL ATHLETICS

ATHLETIC PERMISSION FORM

I give (*Student Athlete Name*) _____ permission to participate in (*Activity*) _____ with (*Coach*) _____ for (*Dates*) _____.

I understand that my child will be participating in the interscholastic sports program at the Montauk Public School.

It is also understood that my child is responsible for following all guidelines for participation as set-forth by the Montauk Public School, and those provided by each team coach.

Each parent and participant understands the potential for injury while participating in athletic practices and contests.

Also, parents grant blank permission to transport their child to and from all away games. Transportation is provided from the Montauk Public School to the game and to the Montauk Public School after the game.

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, I hereby grant permission to the staff member in charge of the sport during the athletic season to make any and all decisions necessary for emergency medical assistance for my child. I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken. If this is not possible, I realize that I will be contacted as soon as possible.

1st Emergency Contact Person Name: _____ Phone Number: _____

2nd Emergency Contact Person Name: _____ Phone Number: _____

Parent's Medical Insurance Carrier: _____

Policy Identification Number: _____

Please list any medical concerns below. This is important information and will be kept confidential.

(Allergies, Asthma inhaler, Heart conditions, and any other concerns)

We have read and understand the above information.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____