

LENA PUBLIC SCHOOLS
PERMIT TO ATTEND ATHLETIC EVENTS
(EMERGENCY TREATMENT FORM)

_____ has my permission to attend the following athletic event(s):

He/She will abide by school regulations and will cooperate with the directions of the athletic coach. If parents or legal guardian are providing transportation for their child after an away event, please fill out and return a TRAVEL RELEASE FORM to the athletic coach. When transportation home after an event is to be arranged by the student and his/her parents, the student should be picked up as soon as possible after the return of the bus.

Date of Birth: _____ Age: _____ Grade: _____

Address: _____ Phone: _____

Parent Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Insurance Co: _____ No: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Medications: _____

Contacts: Yes / NO _____ Date of last Tetanus: _____

Person to contact if parents cannot be reached:

Name: _____ Phone: _____

PERMISSION TO TREAT

We/I parent(s)/guardian of : _____ give permission
for emergency medical treatment of this child in case of illness or accident.

Date: _____ Parent/Guardian: _____