

Lisbon Central School Athletics

Sports Permission Form

Please print in all areas except for signatures. All signatures must be of parent/guardian named.

Student Name: _____ **Sport Being Played:** _____

Age: _____ **Grade:** _____ **D.O.B.** _____ / _____ / _____

I give permission for _____ to participate in organized middle school athletics. I realize that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of appropriate equipment and strict observance of rules, injuries are a possibility. On rare occasions these injuries can be so severe as to result in paralysis, total disability or even death. I acknowledge that I have read and understand this warning, and I agree not to hold the school or its personnel responsible for any injury that may occur during practices, scrimmages, games, or transportation to and from athletic events.

Parent/Guardian Signature: _____ **Date** _____

I also give permission for pictures of my child to be posted on the LCS school web site. **Initial:** _____

STUDENT EMERGENCY CONTACT INFORMATION

Student's Street Address: _____

Parent/Guardian Name: _____ **Home Phone:** _____

Email Address: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

Parent/Guardian Name: _____ **Home Phone:** _____

Email Address: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

ALTERNATE EMERGENCY CONTACTS

Please list two (2) relatives, neighbors or friends who will assume temporary care of your child if you can not be reached. They must be at least 18 years old.

Name: _____ **Relation:** _____ **Phone:** _____

Name: _____ **Relation:** _____ **Phone:** _____

Please list any medical information we should know about your child, including allergies, asthma, diabetes, etc. There is **NO** school nursing coverage after official school hours for sports, clubs or other activities. **Therefore, any inhalers or EpiPens need to be brought in from home and carried with your child while participating in this activity.** (NOTE: The **Authorization for the Administration of Medicine** form needs to be filled out (for self administration) and filed in the nurse's office.)

AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

In case of accident, illness or injury, I grant permission for the school personnel to administer first aide and/or medical treatment for my child. In the event of an emergency, your child will be taken to the nearest medical facility.

Parent/Guardian Name: _____