

ALTON CENTRAL SCHOOL ATHLETIC DEPARTMENT

Permission, Medical Authorization, Insurance Verification Form: **SPRING 2021**

Student's Name

Grade

Sport

I give my child permission to participate in the above-named sport. I will be responsible for transportation to and from Alton Central School for activities related to this sport. The school will provide transportation from and back to the school in the case of games and activities held at other locations, however, **parent transportation or carpooling is strongly encouraged at this time.**

***** Please initial here to give permission to share your contact information for carpooling.** _____

I have read the Alton Central School Student and Parent Handbook and have discussed the content associated with participation in athletics with my child.

**** I understand that due to the COVID-19 Pandemic, my child will be responsible to follow all social distancing rules put in place by ACS while participating in athletics. ** 2020-2021**

I understand that injuries are sometimes unavoidable when participating in athletics. In case of serious injury to my child, I authorize the coach to authorize transportation to the nearest medical facility and to authorize treatment, if the parents cannot be reached by phone.

Home Number

Mother's Emergency Number

Father's Emergency Number

If a serious injury occurs in Alton, I prefer that my child be transported to _____
(Name of Hospital)

I understand that if my child is taken to a hospital, then the school cannot accept the responsibility for the student's release. The coach will contact the hospital and parent immediately after the game. Only in unusual circumstances and with the approval of the attending physician, will the coach and school accept the responsibility of transporting an injured player. In the event that I cannot be reached, I authorize the following person to accept responsibility for my child.

Name

Phone Number

Important Medical Information:

Any known Allergies: _____

Medical Conditions: _____

Medications: _____

Date of last tetanus shot: _____

It is the Alton School Board Policy that all sports participants must have accident insurance. This form is void unless a policy number is listed.

Insurance company

Policy Number

Parent Signature

Date