



ATHLETIC PARTICIPATION
PERMISSION SLIP

I, _____, grant permission for my child,
_____, to participate in the _____
program at Assumption School.

My child has been examined by a physician within the current school year and is medically approved to participate in the sports program. *A copy of the Student Health Appraisal Form signed by a physician has been given to the school.*

My child has the following allergies/medical condition(s) that the Coaching Staff should be aware of (if any, please explain):

Should my child need medication during a practice session or a game, he/she is able to administer necessary medication himself/herself. I understand and agree that the Coaching Staff will not be responsible for administering any medications.

Signature

Date

Emergency Telephone Number

Doctor's Name

Doctor's Telephone Number