

MILFORD PUBLIC SCHOOLS
ATHLETIC PERMISSION/EMERGENCY AUTHORIZATION

School _____

I hereby acknowledge I have read the Student/Athletic Handbook explaining the following:

General Policies/Procedures
Participation
Insurance Plan
Athletic Code of Conduct
Awards

Milford Extra Curricular Activities Policy
SCC Code of Behavior
CIAC Eligibility Rules
Athletic Equipment

I agree to adhere to these regulations while participating in athletics in the Milford Public Schools.

_____ Sport _____
Print Name of Student/Athlete

Signed _____ Date _____
Student/Athlete

I give my consent for my son/daughter to participate in the Milford Public Schools Athletic Program.

I understand that such activity involves the potential for injury which is inherent in all sports. Even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

I understand my son/daughter will receive transportation to and from all scheduled athletic events.

I give my permission to the appropriate certified school staff or medical personnel to render emergency treatment, if required, when associated with an athletic injury or illness.

_____ has my permission to participate to participate in _____
Athlete's Name Sport

I/We acknowledge that I/We have read and understand this statement.

Signed _____ Date _____
Parent/Guardian

Signed _____ Date _____
Student/Athlete

ATHLETIC EMERGENCY INFORMATION

Student Name _____ Parent Name _____

Address _____

Home Phone _____ Grade _____ D.O.B. _____

Business Phones: Father _____ Mother _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Highly Allergic to _____

_____ Diabetic _____ Epileptic _____ Asthmatic _____ Cardiac Problems _____ Contacts _____ Other

Hospital Preference _____ Medications _____

In the event parents cannot be reached, call:

Name _____ Phone _____

Name _____ Phone _____

Insurance Company _____ Policy Number _____

Insurance Carrier _____
Parent/Guardian

You have my permission to take whatever action is deemed necessary for the health and welfare of my son/daughter.

Signature _____ Date _____
Parent/Guardian

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR COACH.