

Atonement Lutheran School Interscholastic Athletic Permit Form

School Year 20__ – 20__

First Student: _____
Last First Middle Initial Grade

Second Student: _____
(If applicable) Last First Middle Initial Grade

Third Student: _____
(If applicable) Last First Middle Initial Grade

Fourth Student: _____
(If applicable) Last First Middle Initial Grade

Present Address: _____ Telephone: _____

Family Physician: _____ Family Dentist: _____

Name of Private Insurance: _____

Carrier Policy Numbers and Address: _____

Release:

1. I hereby give my permission for the above named student to practice and compete and represent the school in Atonement Lutheran School approved sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year,
3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated there under, I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
4. It is recommended that information regarding your child's allergies and prescribed medication be made available.

Signature of Guardian: _____ Date: _____

All Students participating in Atonement interscholastic athletics must have this form on file at school prior to practice or participation.