2021-2022 MEDICAL RELEASE FORM / PARENT PERMISSION SLIP

TO: Parents and Legal Guardians of Thompson Falls Public School Student Athletes
FROM: Edward "Bud" Scully, Superintendent and Jake Mickelson, Athletic Director
RE: Medical Release and Parent Permission

Although it is not an established practice, some hospitals and doctors will not provide medical services without parental permission. In an effort to eliminate a possible delay in care, we are asking for your permission and parent release if your son or daughter needs treatment.

I, _____ give my permission for _____
to receive medical treatment if needed.

_____Our son/daughter is covered by our health insurance plan.

NAME OF PLAN_____

ADDRESS_____

_____

_____Our son/daughter is covered by insurance offered through the school that we have purchased (forms available at the office).

DATE OF PURCHASE_____
******Students must be insured before the first practice date of the sport.******

_____ _____
Date Parent or Guardian Signature

In case of emergency, please notify: _____
Parent/Guardian Phone

_____
Other Phone

Please list any allergies the student may have_____

Please list any prescription drugs the student is currently taking_____

I, _____ give my permission for _____
to participate in the following activities (please circle):

Cross Country	Boys Basketball	Golf
Football	Girls Basketball	Softball
Volleyball	Wrestling	Track

I understand that my student must have a physical in order to participate in any athletics. Physical forms must be turned in to the coach before the student can practice.

_____ _____
Parent or Guardian Signature Date