

PARENT PERMISSION SLIP
THOMPSON FALLS PUBLIC SCHOOLS

CROSS-COUNTRY

BOYS BASKETBALL

GOLF

FOOTBALL

GIRLS BASKETBALL

SOFTBALL

VOLLEYBALL

WRESTLING

TRACK

OTHER _____

Please circle all activities student plans to participate in.

I, _____ give my permission for
(responsible guardian)

_____ to participate in the above-named activity
(student)

We do not wish to purchase any additional insurance coverage. _____,
our (son/daughter) is covered by our own health Insurance plan.

Name of Plan _____

Address _____

We wish to have our son/daughter purchase the school insurance coverage which we are responsible for paying. Applications may be picked up at the office. Students must be Insured before the first practice date of the sport.

I ALSO UNDERSTAND MY CHILD 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.

DATE

PARENT OR GUARDIAN SIGNATURE

In case of emergency, please notify _____
Parent or Guardian Phone

Other Phone

This permission form is for the 20____ - 20____ school year.

MEDICAL RELEASE FORM

TO: Parents and Legal Guardians of Thompson Falls Public
School Extra-Curricular Participants

FROM: Jason Slater, Superintendent and Chadd Laws, Athletic Director

RE: Student Injuries and Medical Release

Although it is not an established practice, some hospitals and doctors will not provide medical services without parental permission. The situation has arisen on any school sponsored contest or trip where immediate medical care was delayed until the parents were notified. In an effort to eliminate this 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
own health insurance plan.

NAME OF PLAN _____

ADDRESS _____

Date

Parent or Guardian Signature

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Parent/Guardian Phone

Other Phone