

COACH/SPORT _____ GRADE _____

**Coaches: ALL TEAM MEMBERS
MUST HAVE THIS FORM FILLED
OUT COMPLETELY PRIOR TO THE
FIRST CONTEST.**

**Spring View Middle School
Sport/Activity Participation and Bus Transportation Permission Form**

Date _____

My son/daughter _____ has my permission to participate in the Spring View Middle Schools activity _____ on _____, and to be transported by school bus to and from that activity.

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My child is covered by:

Insurance Plan: _____ No. _____

Family Physician: _____

Physician's Phone number: _____

Parent's Name: _____ Home phone: _____

Mother's work: _____

Father's work: _____

MEDICAL CONCERNS: _____

In case of an emergency when the parents cannot be reached, contact:

_____ Phone: _____

In case of accident or other emergency if a parent/guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care. This includes necessary transportation. I further authorize the physician named above to undertake such care and treatment to be performed by any licensed physician or surgeon.

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

Signature of Parent/Guardian

Date