

PARENTAL CONSENT FORM

Please read, and if you agree, sign this form and return it to the school by first day of tryouts.

_____ I authorize the duly designated coaches of the Cawley Middle School to consent to, in my absence and absence of any other legal guardian, any emergency care or surgical examination or treatment and hospital care to be rendered to the minor at a recognized medical facility under the general or special supervision of a licensed physician. I further authorize the schools staff to make provision for ambulance transportation when necessary and to make provisions for emergency aid until the minor can be taken to a medical facility.

_____ My son/daughter is currently covered by health insurance. If no student accident insurance is available for purchase through ISI New England, please call the school secretary for more information.

_____ I have read the Athletic Handbook and agree to support my son/daughter's compliance with the conditions as stipulated.

Should you have further questions and/or concerns, do not hesitate to contact the Athletic Director, Jonathan Frazier and/or Principal Matt Benson at 518-5047.

Please Print

EMERGENCY INFORMATION
School Administrative Unit #15

Teacher Name _____
Gr. _____ Bus# _____

Student Name _____ Last _____ First _____ M.I. _____ DOB _____ M _____ F _____
Address _____ Phone _____

Student lives with: (please circle) Parents _____ Mother _____ Father _____ Other _____

Father/Legal Guardian _____ Cell Phone _____

Address (if different than student) _____
Address _____ City _____ State _____ Zip _____ Phone _____

Email Address _____ Business Name/Phone _____

Mother/Legal Guardian _____ Cell Phone _____

Address (if different than student) _____
Address _____ City _____ State _____ Zip _____ Phone _____

Email Address _____ Business Name/Phone _____

Stepparent (if applies) _____ Contact Phone _____

Marital Status: Married _____ Living Together _____ Sep. _____ Re-Mar. _____ Div. _____ Single _____

Court Order/Restrictions: Yes _____ No _____
If yes, please provide the school with pertinent information and copies of legal documents.

Please list two other adults who would be available to assume temporary care of your child if you are not available.

1. Name _____ Relationship to child _____
Address _____ Daytime Phone # _____

2. Name _____ Relationship to child _____
Address _____ Relationship to child _____

Childcare Provider _____ Phone # _____

Allergies/Physical Disabilities _____

Physician _____ Phone # _____

Hospital of choice _____ Phone # _____

Parent/Guardian Signature

Date