

**MARTIN MURPHY MIDDLE SCHOOL**

**After School Sports Permission Slip**

Sport: \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian- Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone: Hm # \_\_\_\_\_ Wk# \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact *Other than parent/Guardian* Phone: Hm # \_\_\_\_\_ Wk# \_\_\_\_\_ Cell# \_\_\_\_\_

Allergies (Please List) \_\_\_\_\_ Email Address \_\_\_\_\_

Is Student on medication Yes No \_\_\_\_\_ If yes – name of medication \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone# \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

I understand that my child is to attend all practices and games, unless he/she is ill. **I further understand that an activity bus is available at 4:00 p.m. HOWEVER, THE COACH MAY REQUEST THAT STUDENTS PRACTICE AFTER 4:00 Pm. THEREFORE, I AM RESPONSIBLE FOR MY CHILD'S TRANSPORTATION HOME.**

**Insurance Information:** State law requires Accidental Bodily Insurance of at least \$1,500 of scheduled medical and hospital benefits for all members of an athletic team. All medical, hospital, ambulance or other bills shall be charged to the parents or guardians and shall be considered the bill of such parents or guardians. You may obtain reasonably priced insurance information from the counter in the front office.

**Transportation Authorization:** The School District assumes no responsibility or liability for transporting students to and from athletic events or activities. It is further understood that the above named students may travel in automobiles operated by District employees and adult volunteers. Morgan Hill Unified School District **does not** provide insurance coverage for such trips.

Students are not allowed to leave campus in a private vehicle without written parent permission. Since we will be using private vehicles to transport students to some athletic events we are asking for your permission for above season. Coaches and parents will be providing the transportation. If you have individual concerns please contact your student's coach or advisor.

**Waiver of Claim** In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the Morgan Hill Unified School District, and the State of California for injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Medical Authorization:** A MEDICAL EMERGENCY CARD MUST BE ON FILE AT MARTIN MURPHY MIDDLE SCHOOL. I authorize the above named student to participate in the sports or activities. In case the student becomes ill or injured Morgan Hill Unified School District is authorized to have the students treated and I authorize the medical agency to render treatment.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_