



COVINGTON INDEPENDENT PUBLIC SCHOOLS

25 East Seventh Street
Covington, KY 41011
Phone: (859) 392-1000
Fax: (859) 292-5970

PARENTAL CONSENT FORM FOR ELEMENTARY ATHLETICS

Participant's Name: _____

Parent/Guardian Name: _____

Family Physician: _____

Home Phone: _____

Emergency Phone: _____

Name of Insurance: _____

Physical Disabilities: _____

School Year: _____

My child, _____, has my permission to participate in the elementary athletics program provided by his/her school.

Parent/Guardian Signature

Date

This form should be presented to the school in which the child intends to participate in elementary athletic activities and should be retained by the school and filed with the principal.