

## Hellgate Middle School Activities Permission slip/Medical Emergency Information Form

I give permission for (student name) \_\_\_\_\_ to participate in **each** of the Hellgate Middle School Activities that **I have initialed below**. I understand that I must provide transportation home after practices and competitions. My student and I have received a copy of the Athletic Training Rules for Hellgate Middle School. We have read the training rules and agree to follow.

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Please initial **all** sports your student has your permission to participate in for 2022-2023 school year.

7 <sup>th</sup> /8 <sup>th</sup> grade co-ed flag football	_____
7 <sup>th</sup> /8 <sup>th</sup> grade girls volleyball	_____
6 <sup>th</sup> /7 <sup>th</sup> /8 <sup>th</sup> grade co-ed soccer	_____
6 <sup>th</sup> /7 <sup>th</sup> /8 <sup>th</sup> grade co-ed cross country	_____
7 <sup>th</sup> /8 <sup>th</sup> grade boys basketball	_____
7 <sup>th</sup> /8 <sup>th</sup> grade girls basketball	_____
6 <sup>th</sup> /7 <sup>th</sup> /8 <sup>th</sup> grade co-ed wrestling	_____
6 <sup>th</sup> /7 <sup>th</sup> /8 <sup>th</sup> grade co-ed track	_____

### MEDICAL EMERGENCY INFORMATION

Participant name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

***I authorize medical treatment to be given to the above named participant.***

Parent Signature: \_\_\_\_\_