

STATE COLLEGE AREA SCHOOL DISTRICT

SECONDARY INTRAMURAL ACTIVITIES PERMISSION FORM

_____ in _____ grade

(Please print the first and last name of the student)

has permission to participate in _____.

(Name of Activity)

The State College Area School District strives to make all intramural activities as safe as possible. This includes the use of competent instructors/coaches, safe and dependable equipment, properly maintained facilities, and safe and reliable transportation. Should an accident occur, the parent or guardian will be notified immediately. In the event the parent or guardian cannot be reached the student will be transported to the emergency room of the Mount Nittany Medical Center.

Beginning with the 2010-2011 school year, the State College Area School District does not provide accident insurance coverage at no cost for its student-athletes. Medical expenses incurred while participating on SCASD interscholastic sports teams or in SCASD intramural activities may be covered through the following options:

- Private insurance plan
- Voluntary SCASD Student Accident Insurance Plan (exception sport – football) (an application is available through each school office)
- Pennsylvania’s Children Health Insurance Program (CHIP)
- Pennsylvania’s Medical Assistance Program (MAP)

Please complete the following information:

<i>Mother's Name</i>	<i>Home Phone</i>
	<i>Work Phone</i>
	<i>Cell Phone</i>
<i>Father's Name</i>	<i>Home Phone</i>
	<i>Work Phone</i>
	<i>Cell Phone</i>
<i>Person to contact if parents are unavailable:</i>	<i>Phone</i>
<i>Family Doctor/Pediatrician</i>	<i>Phone</i>

Emergency first-aid will be administered by the Intramural Staff during intramural activities. If your child has chronic health or other exceptional conditions as outlined in a 504 Service Agreement or an I.E.P., please contact the Student Services office at 231-1054 or the Special Education office at 231-4172 at least one week prior to the start of the intramural program. Student medications stored in the health room are not available during intramural activities. Parents need to make other arrangements if medications or other special considerations are necessary.

Please list any health concerns for your child

Signature of parent or guardian

Date