

2024-2025 MEDICAL RELEASE FORM / PARENT PERMISSION SLIP

TO: Parents and Legal Guardians of Thompson Falls Public School Student Athletes
FROM: Edward "Bud" Scully, Superintendent and Madison Wheeler, Athletic Director
RE: Medical Release and Parent Permission

Although it is not an established practice, some hospitals and doctors will not provide medical services without parental permission. In an effort to eliminate a possible delay in care, we are asking for your permission and parent release if your son or daughter needs treatment.

I, \_\_\_\_\_ give my permission for \_\_\_\_\_ to receive medical treatment if needed.

\_\_\_\_ Our son/daughter is covered by our health insurance plan.

NAME OF PLAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_ Our son/daughter is covered by insurance offered through the school that we have purchased (forms available at the office).

DATE OF PURCHASE \_\_\_\_\_

\*\*\*Students must be insured before the first practice date of the sport.\*\*\*

\_\_\_\_\_ Date Parent or Guardian Signature

In case of emergency, please notify: \_\_\_\_\_ Parent/Guardian Phone

\_\_\_\_\_ Other Phone

Please list any allergies the student may have \_\_\_\_\_

Please list any prescription drugs the student is currently taking \_\_\_\_\_

I, \_\_\_\_\_ give my permission for \_\_\_\_\_ to participate in the following activities (please circle):

- Cross Country Boys Basketball Golf Baseball
Football Girls Basketball Softball Soccer
Volleyball Wrestling Track

I understand that my student must have a physical in order to participate in any athletics. Physical forms must be turned in to the office before the student can practice.

\_\_\_\_\_ Parent or Guardian Signature

\_\_\_\_\_ Date