



# Old Turnpike School

Sara Medenilla  
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Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Birthdate \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Guardian #1 \_\_\_\_\_ Phone \_\_\_\_\_  
Guardian #2 \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Authorization

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

### Injuries, conditions, surgery or medications

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In the event that I am not available in an EMERGENCY, Please notify:

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In the event that the above named child is injured and **I cannot be reached** in an **EMERGENCY**, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia or surgery for my child.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Parent Permission to participate in interscholastic sports:

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
SPORT: \_\_\_\_\_ DATE \_\_\_\_\_

I hereby give consent for my child to participate in the interscholastic program conducted by Tewksbury Township Schools. Realizing that such activity involves the potential for injury that is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced equipment and strict observance of these rules, injuries are still a possibility. On rare occasions these injuries can be so severe to result in total disability, paralysis, or even death. I acknowledge that I have read and understand this warning, in the event an injury occurs.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_