

Boys Basketball Camp Permission Slip

BASKETBALL CAMP PERMISSION SLIP/EMERGENCY FORM

Please complete this form that will accompany your child for basketball camp at Falcon Middle School Gymnasium. This information is necessary in case of an emergency. Students will NOT be able to participate in the camp, unless this form is completed and signed by parent/guardian. ***PERMISSION SLIPS DUE BY MAY 22nd, 2026***

Permission is granted for:

(Name of Student) PLEASE PRINT

Boys Basketball Camp beginning Monday, June 8th through Thursday June 11th from 10 am.-12 pm.

Camp fee: \$60 per camper, cash or please make checks payable to Falcon Middle School

Fees must be turned into Alicia Froke, at the FMS front office

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Emergency Phone #:

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Student's Date of Birth

Allergies:

Conditions requiring special consideration (medical/physical):

Does your student require: (A) **Epi-pen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

Please be sure to speak to 's Nurse before _____ **[DATE]** regarding any medications or special needs your student may have. THIS INFORMATION WILL REMAIN CONFIDENTIAL. IT WILL STAY WITH THE SCHOOL TRIP LEADER/NURSE ON THE DAY OF THE TRIP. CONTACT INFORMATION FOR DAY OF FIELD TRIP ONLY:

Primary contact name

Relationship to student:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Secondary contact name

Relationship to student:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Student's Physician:

Phone #:

Student's Dentist:

Phone #:

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION:

Company Name:

Policy #:

Group #:

Parent/Guardian Name:

Date:

(PLEASE PRINT)

Parent/Guardian Signature:

Player Name (Please Print) _____
T-Shirt Size (Please Circle): Youth Sizes: YS YM YL YXL / Adult Sizes: S M L XL

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