



Clinton Middle School Activities Permission

Slip/Medical Emergency Information

I give permission for (student's name) _____ to participate in each of the Clinton Middle School Activities that I have initialed below. I understand that I must provide transportation home after practice and competitions. My student and I have received a copy of the Concussion Statement as well. We know we must return this form, a physical signed by a doctor, and the concussion statement form prior to my child being able to participate.

Parent Signature: _____

Home Phone: _____

Student Signature: _____ Grade: _____

5th-8th Grade Co-Ed Soccer _____

7th-8th Grade Girls' Volleyball _____

6th-8th Grade Boys' Basketball _____

6th-8th Grade Girls' Basketball _____

6th-8th Grade Co-Ed Track _____

Medical Emergency Information on Back Must be Filled Out!



MEDICAL EMERGENCY INFORMATION

Year: _____

Student Name: _____ Grade: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Medical Release Form

I authorize those involved with the _____ athletic program to obtain all necessary emergency care for my child. Every effort will be made to first contact the parent/guardian.

My son/daughter is covered by (check all that applies):

_____ Student health insurance _____ Private health/accident insurance

Parent/guardian signature: _____ Date: _____

Insurance name: _____ Policy No: _____

(Please include a copy of current insurance card)

Please list any factors which might limit participation (i.e. allergies, medial problems, or medications): _____

