



K-4 Permission Slip

Informed Consent: By its nature, participation in athletics includes risk of injury and the transmission of infectious diseases. Although serious injuries are not common, it is impossible to eliminate all risk. Participants must obey all rules, report all physical and hygiene problems to their coaches. Do not sign this form if you are not comfortable with its terms.

I consent to the coach treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice.

I further understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent/guardian, but that, if necessary, the student-athlete will be transported via ambulance or quickest transport to the nearest hospital.

I understand and release any liability from injury during the transport in emergency situations.

Volunteer Coach

Student Name

Grade/Teacher

Parent's or Guardian's Signature

Date

Phone Number

Emergency Contact Name

Phone Number