

# FRENCHMAN RE-3 SCHOOL DISTRICT

## Fleming School Athletics



*(A form to be filled out by parent/guardian for permission for emergencies)*

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

FATHER/GUARDIAN: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT IF PARENT CANNOT BE REACHED:

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PRIMARY PHYSICIAN INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the Frenchman RE-3 School District, any of its agents or employees, arising out of such medical treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature