

LUTHERAN HIGH SCHOOL
2011/2012 Athletic Permission Form

Athlete's Name (Print) _____ Grade _____

Parent(s) Name (Print) _____

Home Address _____ City _____

Insurance: My son/daughter is adequately covered with medical insurance by a home/work/school insurance plan.

Parent _____ Date _____

Emergency Medical Authorization: Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named athlete. In the event of serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given. In the event that an emergency arises during a practice or game session the coach, athletic trainer, and/or team physician may apply the necessary first aid treatment to the athlete immediately until the proper authorities can be reached. Consent is hereby given to administer prescription medication to the above designated athlete when the prescription is properly labeled and is accompanied by a written request by the professional person who prescribed the medication as well as by the parents.

Parent _____ Date _____

Transportation Policy: I will have on file at LHS the Parental Permission Form regarding student transportation. I also agree that in the case of a motor vehicle owned by me, such a vehicle will be adequately insured and that such insurance becomes the primary carrier in the event of a claim that may result if the vehicle is used in a school-related activity.

Parent _____ Date _____

Emergency Contact Information: I will have on file at LHS a current emergency contact information form which gives important emergency information to the appropriate personnel.

Parent _____ Date _____

LHS Athlete/Parent Handbook: We have read and are in support of the mission statement of LHS and the rules/expectations stated in the handbook including the warning of potential injury, training rules, eligibility rules and sportsmanship guidelines.

Parent _____ Date _____

Athlete _____ Date _____