**PALMERTON AREA HIGH SCHOOL**

**PARENTAL AUTHORIZATION FOR ACTIVITY PARTICIPATION**

**STUDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE:** \_\_\_\_\_\_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTIVITY**: ALL AWAY FOOTBALL PASSING SCRIMMAGES DURING THE OFF-SEASON (SUMMER)

**LOCATION:** Other area High schools (i.e LEHIGHTON, PANTHER VALLEY, MAHANOY AREA, JIM THORPE, BLUE MOUNTAIN, other schools not listed may apply due to change in schedule.

**DATE(S) OF ACTIVITY:** During Summer Workout Schedule – dates determined by calendar provided

**DEPARTING:** PALMERTON HIGH SCHOOL

.

**ADVISOR’S NAME:** CHRIS WALKOWIAK – Head Football Coach and Assistant Football Coaches

**SCHOOL GROUP:** FOOTBALL TEAM

**District transportation is not provided for this activity.** Student participation in this activity is subject to the agreement of the parent or guardian to provide transportation. It is understood that you’re providing transportation to and from this activity for the student is completely separate of Palmerton Area School District.

As parent and or legal guardian. I grant permission for the student listed above to participate in the activity described above and accept responsibility for the associated transportation. The coaches in charge are requested to authorize emergency medical care for my child while he is participating in this activity.

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number(s) for emergency contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Problem of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(Medical diagnosis and remedy) i.e. allergy to bee stings (medication needed) diabetes what to do if student experiences difficulties while on trip.**

In cases when district transportation is not provided for an activity, by authorizing their student to participate (above signature) parents accept responsibility for the student’s transportation to and from the activity. These transportation arrangements are separate from Palmerton Area School District. Many times parents permit their student to operate a family vehicle for participation in the activity, or they permit their student to ride to the activity in another car of a fellow teenager. Please indicate below what permission your student has for participation in this activity. **(Please check all that you grant permission for; you may check more than one line)**

\_\_\_\_\_\_\_\_\_\_\_ Student can operate a family vehicle for participation in this activity (STUDENT ALONE)

\_\_\_\_\_\_\_\_\_\_\_ Student has permission to operate family vehicle and take up to \_\_\_\_\_\_\_\_\_\_\_\_ teammates to

 the activity.

\_\_\_\_\_\_\_\_\_\_\_ Student has permission to ride with another teenage teammate to participate in the activity.

\_\_\_\_\_\_\_\_\_\_\_ Student has permission to ride with another adult parent/guardian who may be travelling to

 the activity (NOTE: Parent driver’s depend on availability of their schedules and may not always be available.)

**Parent /Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_