

LOCKPORT TOWNSHIP HIGH SCHOOL  
ATHLETIC PERMISSION SLIP/EMERGENCY FORM

2013-2014

(Coaches must take to all scheduled events)

STUDENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

SPORT \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip)  
AGE \_\_\_\_\_ YEAR IN SCHOOL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

I hereby give my child \_\_\_\_\_ permission  
to participate in sports at Lockport Township High School.

**AUTHORIZATION FOR MEDICAL TREATMENT**

I give my consent and permission to any supervising coach of the sport in which my child is participating at Lockport Township High School the right, in my behalf and in my stead, to arrange for licensed and/or qualified physicians and/or trainers to render and provide immediate treatment to my child as to minor injuries that may be sustained by my child while participating in such sport, whether directly or indirectly, and whether sustained during practice or in active scholastic competition, where such injuries consist of, but are not limited to sprains, strains, minor fractures, dislocations, lacerations, contusions, abrasions and similar injuries, and all without necessity of any further or additional express authorization by me other than for this authorization. My above permission and consent also extends to the right of any said supervising coach to arrange for immediate medical treatment by a licensed or qualified physician and/or trainer, and for them to apply such emergency techniques as may be necessary as to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment is deemed reasonably necessary to preserve the life or limb of my child.

LOCKPORT TOWNSHIP HIGH SCHOOL DISTRICT 205 DOES NOT ASSUME FINANCIAL RESPONSIBILITY FOR ACCIDENTS INCURRED.

In case of an emergency, attempt to contact a parent at home or at work. If you cannot reach a parent, attempt to contact the alternates listed below:

1st Alternate \_\_\_\_\_  
(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Relationship)

2nd Alternate \_\_\_\_\_  
(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Relationship)

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_ HOSPITAL \_\_\_\_\_

KNOWN ALLERGIES/ADDITIONAL  
MEDICAL INFORMATION \_\_\_\_\_

THIS PERMISSION SLIP/EMERGENCY FORM MUST BE FILLED OUT COMPLETELY AND SIGNED BY A PARENT BEFORE A STUDENT IS ELIGIBLE TO PARTICIPATE IN ANY SPORT AT LOCKPORT TOWNSHIP HIGH SCHOOL.

SIGNED \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_ DATE \_\_\_\_\_  
(Father/Guardian)

SIGNED \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_ DATE \_\_\_\_\_  
(Mother/Guardian)