

ALL SPORTS



\_\_\_\_\_  
Last Name

## ATHLETIC PARENT PERMISSION FORM

This form must be completed by a parent/guardian at the start of each sport season.

Return form to: Frenchtown **Middle School**, P.O. Box 117, Frenchtown, MT 59834

### STUDENT-ATHLETE

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First MI Last

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Last School Attended(if new to FMS): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PHYSICIAN

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical condition(s) which may require attention, i.e. allergies, medications, physical impairment:

(Please be specific and use the back for more space)

### INSURANCE VERIFICATION

Insurance Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Proof of Insurance is required for participation. If you do not have insurance on your child, a student policy can be purchased from a third party vendor.

### PARENT/GUARDIAN CONTACT INFORMATION

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EMERGENCY CONTACT (if none of the above can be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### PARENTAL CONSENT

I give my permission for my son/daughter to participate in interscholastic sports. I realize that such activity involves the potential for injury which is inherent in all sports. I realize that on rare occasions injuries can result in permanent disability, paralysis, or even death. In the event of injury or illness, school/athletic personnel may take whatever action is deemed necessary to insure proper care and treatment for my child.

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

Parent/Guardian Name (Printed): \_\_\_\_\_