

Barrington Middle School Athletics

Permission

I give _____ permission to participate in _____.
(students name) (sport)

(parent or guardian signature)

(date)

Athlete Emergency Information Form

Students Name _____ Grade _____ Date of Birth _____

Address _____
(street) (town) (state) (zip)

Mother's Name _____ Home Phone _____ Work Phone _____

Father's Name _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Allergies/Medical Conditions _____

Medications _____

Parent or Guardian Authorization

If I cannot be reached in case of an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose and to prescribe or perform treatment, including surgery, that is deemed advisable for the welfare of the above named participant.

(parent or guardian signature)

(date)