

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
EXTENDED/OVERNIGHT ATHLETIC PARENT NOTICE & MEDICAL CONSENT

School _____ Coach _____ Sport _____
of Athletes _____ # of Chaperones _____ Transportation Method _____
Destination _____ Phone _____
Purpose of Trip _____
Date Leaving _____ Date Returning _____

LODGING INFORMATION

Date _____ Facility _____
Address _____ Phone _____
Date _____ Facility _____
Address _____ Phone _____

Please complete bottom portion and return no later than _____

Guardian Name _____ Guardian Name _____
Address _____ Address _____
Day Phone _____ Day Phone _____
Employer _____ Employer _____
Phone _____ Phone _____

If unable to reach call: Name _____ Phone _____
or Name _____ Phone _____

Current Medications _____ Allergies _____

Special Concerns _____

I recognize that while on an extended athletic event, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. Therefore, I consent in advance to such emergency care including hospital care as may be deemed necessary under the then existing circumstances. Therefore, I provide the following information:

Insured's Name _____ Insurance Company _____
Contract No. _____ Group Number _____

I have discussed with my child the necessity of acting responsibly while on the trip and in accordance with the Student Code of Conduct. If my child violates the Student Conduct Code, I agree to pick my child up and remove him/her from this athletic event.

I give my child, _____, permission to participate in the above
(Print Child's Full Name)
listed athletic event.

Guardian Signature _____ Date _____

Guardian Signature _____ Date _____

THIS FORM MUST BE IN POSSESSION OF COACH WHILE ON TRIP.