



## **P.E. Physical and Sports Permission Form** **(Required for 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades)**

Student (Last, First): \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Has this student had any injury or physical condition that should be watched?  
Yes \_\_\_ No \_\_\_ If yes, please list on back of page.

**DOCTOR TO COMPLETE:** I hereby certify that the above student is physically fit to engage in Physical Education & Sports.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

## **Permission to Travel by Bus or Private Vehicle**

I give permission for my son/daughter \_\_\_\_\_ to travel by school bus or private insured vehicle to Middle School Sports and AWAY sports activities during the school year.

\_\_\_\_\_  
Parent/Guardian (circle one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone (daytime)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Phone

*(Please complete both sides of this form)*

**Authorization for Treatment of Minor:**  
**(Required for 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades)**

I (We) the undersigned, parents(s) of \_\_\_\_\_ a minor, do hereby authorize the Grace Christian School coaching staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general Medicine Practice Act, whether such diagnosis or treatment is rendered at the offices of said physician or at said hospital.

This authorization shall remain effective unless revoked in writing delivered to school office.

\_\_\_\_\_  
Father/Mother (circle one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date

**Health Insurance**

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Claims Address & Phone #

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Group Number

*(Please complete both sides of this form)*