

(Please print except where signature is required.)

School Year \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT AND PERMISSION TO TRAVEL**

We, \_\_\_\_\_ and \_\_\_\_\_ are the parents/legal guardians of \_\_\_\_\_, who is \_\_\_\_\_ years of age and resides with us at \_\_\_\_\_.

We give our permission for the above stated child to participate in the ATHLETIC PROGRAM/FIELD TRIPS at Northside Methodist Academy.

We agree not to hold Northside Methodist Academy, the coaches, the teachers nor any officials responsible in any way in case of accident or injury. We give our permission for the above stated child to travel with an adult driver designated by Northside Methodist Academy administration.

We give our permission for a licensed doctor, physician, or emergency treatment center selected by the staff to administrator the necessary attention and aid IMMEDIATELY to the above stated child should he/she become injured or sick during the school year and to do so without having to wait until we are contacted. We consent to any X-rays, examination, anesthetic, medical, or surgical diagnosis, treatment and hospital care.

We understand the athletic/faculty staff will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the athletic/faculty staff personnel responsible if efforts to contact us are unsuccessful.

**REQUIRED INFORMATION**

Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Nearest Relative to Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**PROOF OF MEDICAL INSURANCE:**

Name of Company \_\_\_\_\_

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

Allergies to medications: \_\_\_\_\_

Please list any medicines child takes daily:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Father's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother's Signature**

\_\_\_\_\_  
**Date**

**(Please fill out other side)**