

THE TOME SCHOOL
ATHLETIC PARTICIPATION
AND TRANSPORTATION
PERMISSION SLIP

Sport _____

Season, _____

_____ has my permission to participate in interscholastic competition, including practices and games, for the Tome School _____ team. I will ensure my child's regular and prompt attendance at practices and games. I recognize that a physical examination is required before my child may participate. I am aware that no medical personnel is present at practices or games.

My child has permission to travel by school bus to all away athletic contests for the current athletic season. I understand that, at times, transportation will be provided by the parents of other Tome athletes and I give permission for my child to ride with a Tome parent or coach.

I agree to indemnify and hold harmless, the Tome School, its employees and agents, and parent volunteers from any losses, damages or injuries which my son/daughter may sustain arising from my child's participation in the Tome School Sports Program, and travel to and from games.

PARENT SIGNATURE

DATE

The Tome School has my permission to grant consent for emergency medical treatment to be administered to _____ during the athletic season mentioned above.

FAMILY INSURANCE COMPANY: _____

UNDER THE NAME OF: _____

POLICY NUMBER: _____

Known allergies to medicines: _____

Known medical conditions: _____

Does your child take any medications regularly? ___ Yes ___ No

If so, for what purpose? _____

PARENT SIGNATURE

DATE

EMERGENCY CONTACT PHONE #