

# Lenape Valley Regional H.S.

## CO-CURRICULAR CLUB/ACTIVITY PERMISSION FORM

I give my child permission to participate in the following Co-Curricular Club/Activity/Activities:

\_\_\_\_\_

Student's Name

Grade

Date of Birth

Parent/Guardian's Name (Please print)

Signature

Today's Date

Home Address

City

Zip

Home Phone

Work Phone

Cell Phone

## EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name

Relationship

Phone

Does your child have health coverage?

\_\_\_\_ Yes

\_\_\_\_ No

Name of Medical Insurance

Policy/ Insurance #

Medical History that may be of importance

Medication Student is taking

List any Allergies

Name of Child's Doctor

Telephone

\*In case of an emergency involving my child, I give permission for the Lenape Valley staff to seek emergency medical treatment for my child and to act as guardian in permitting medical treatment if unable to reach me.

I understand that all emergency and/or medical costs are my responsibility.

Parent/Guardian Name

Signature

Date