



PARENT PERMISSION FORM FOR STUDENTS-SPECTATORS IN AWAY ATHLETIC EVENTS

I _____ hereby give my permission for my child
(parent/guardian's first & last name)

_____ of School _____
(student's first & last name) (AUC or AMC)

to travel with the school bus and participate in the athletic event described below as spectator.

Sport: _____ Date: _____ Time: _____

Facility: _____ Opponent: _____

Parent/Guardian phone number: Home _____ Cell _____

In case parent/guardian cannot be reached, please contact: _____ Phone: _____

Please list any insurance policy covering my child: _____

Policy No _____

If applicable complete a. My child has the following medical problem: _____

b. My child takes the following medications regularly: _____

c. My child has the following allergies: _____

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP

Signature of parent/guardian: _____ Date: _____