



Required Information for 6th, 7th, and 8th grades

P.E. Physical and Sports Permission Form

Student (Last, First): _____ Grade: _____ Birthdate: _____

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 office **stamp** 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

Authorization for Treatment of Minor:

I (We) the undersigned, parents(s) of _____ a minor, do hereby authorize the Grace Lutheran 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/ Legal Guardian (circle one) Date

Health Insurance

Insurance Company Name Claims Address & Phone #

Policy Number Group Number