

## PARENT OR GUARDIAN'S PERMIT

I hereby give my consent for the below student to compete in University Interscholastic League (U.I.L) approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the U.I.L. nor Jasper I.S.D. assumes any responsibility in case an accident occurs.

I have read and understand the U.I.L. rules and agree that my son/daughter will abide by all of the U.I.L. rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the below named student.

If, in the judgment of any representative of the school, the below student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

J.I.S.D. provides partial insurance coverage for students participating in all U.I.L. sports, grades 7-12. The policy is a cooperating (secondary) type policy.

I have read and understand the (1) Medical History, (2) Physical Examination, (3) U.I.L. acknowledgment of rules and Parent or Guardian Permit, (4) The Emergency Information, (5) The Athletic Insurance Policy Letter, and I permit my child to participate under these conditions. I have completed the information to the best of my knowledge. The school district's athletic trainer and coaches have my permission to provide medical insurance information to a medical provider in case of emergency requiring medical treatment for my child. The school district's licensed athletic trainer has permission to administer NON-PRESCRIPTION MEDICATION to the below student.

X \_\_\_\_\_ X \_\_\_\_\_  
SIGNED: (PARENT/GUARDIAN) STUDENT GRADE DATE DATE of BIRTH

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