

NEWSPAPER

**LEBANON TOWNSHIP SCHOOL DISTRICT
PARENT PERMISSION FORM FOR CLUB PARTICIPATION**

(must be completed in full – please type or use ink and write legibly)

NAME _____ GRADE _____

DATE OF BIRTH (mm/dd/year) _____ PLACE OF BIRTH _____

ADDRESS _____
Street Town Zip Code

HOME PHONE _____ WORK PHONE _____

CELL PHONE (mom and dad) _____

Please list all medical concerns (allergies, asthma, important medical issues, etc.) below:

PARENTS PERMISSION:

I understand that my son/daughter desires to participate in **NEWSPAPER**, an extra-curricular activity in the Lebanon Township Schools. I am aware that such activity involves the potential for injury which is inherent in all extra-curricular activities. I acknowledge that even with the best supervision and strict observation of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. I have read and understand this warning and I hereby give permission for my son/daughter to participate in the above listed activity. I also give my permission for the school nurse to share medical information about my child with the appropriate school personnel on a need to know basis only.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby give permission for Emergency Medical Treatment by the team physician, school trainer, nurse and/or other allied medical personnel if necessary due to conditions arising due to my son/daughter's participation. This will include, but not be limited to, initial diagnostic x-rays and other such procedures as the attending physician may see necessary for the preservation of health.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

STUDENT-ATHLETE SIGNATURE _____ DATE _____

If a minimum number of students do not sign up for a sport, activity, club or field trip as determined by the school principal, the district has the right to cancel the program.