



AMHS Parent/Guardian Permission Form

Student-athletes should turn this form into their coach.

A. Conditions of Consent

1. As the parent/guardian of _____ I recognize that as part of the school registration process I consented to emergency medical treatment for my student and have released the school from any claims before, during, or after my student's participation in a school activity. I recognize this is not a waiver of my student's rights.
2. As the parent/guardian of this student, I give my permission for my student to participate in the event/activity described below.
3. I understand students are not allowed to travel to off-campus school functions with another student as the driver of a vehicle.

B. Event/Travel Description

I give permissions for my child to participate in the following activity:

Event: _____

Dates: _____

Please pick the following that are applicable. You may choose more than one.

_____ I understand my student will travel on school transportation.

_____ I will provide transportation for my student to return from this activity.

_____ I understand my student will need to provide his/her own transportation.

C. Contact Information/Signature

Person to contact in case of an emergency _____

Emergency Phone Number _____

My student has a special medical condition, e.g. drug allergy:

I give my student permission to participate and understand the conditions and behavioral expectations governing my student's participation. I grant permission for my student to receive emergency medical treatment if necessary.

Signature of Parent/Guardian _____