

SPOKANE ELEMENTARY SCHOOL ACTIVITIES PARENTAL APPROVAL FORM

(Please print)

Student's Name _____ Grade _____
Last First

School _____ Teacher _____ Room Number _____

Emergency Contact _____
Name Phone No.

Dear Parent:

Please sign Part A or Part B below if you wish to give permission for your child to take part in the school's activities program.

If your child has school insurance, please sign **Part A**.

If your child does not have school insurance, please sign **Part B**.

PART A (Has school insurance)

I approve of my child's participation in athletics in the Spokane Elementary School Activities program, and I will assume all financial responsibilities not covered by my child's school insurance for injuries received while he/she is training for or playing in athletic games. I give my permission for my child to travel as required as a member of the team(s) of which he/she is a member. I give my permission for emergency treatment of an injury by any physician designated by a school official.

Parent or Guardian _____ Date _____
Signature

PART B (Does not have school insurance)

I approve of my child's participation in athletics in the Spokane Elementary School Activities program. I do not wish to enroll my child in the school accident coverage plan. I will assume all financial responsibilities for injuries received while he/she is training for or playing in athletic games. I give my permission for my child to travel as required as a member of the team(s) of which he/she is a member. I give my permission for emergency treatment of an injury by any physician designated by a school official.

Parent or Guardian _____ Date _____
Signature

(See reverse side for additional information)

SPOKANE ELEMENTARY SCHOOL ACTIVITIES

Restricting health conditions:

(See reverse side for Activities Approval Form that must be signed)