

## PERMISSION SLIP FORM

The form that is below was developed by Susan Cantine, Speech Coach of Decorah High School. We at the IHSSA felt it was a good idea for all coaches to take a look at doing some type of form for any trip that you are taking that involves IHSSA activities. A special thanks to Susan for sharing her form with us all.

### PERMISSION SLIP FOR MEDICAL EMERGENCY

This is to certify that \_\_\_\_\_ (student) has our permission to participate

in the \_\_\_\_\_ (school group) trip to \_\_\_\_\_ (place)  
on

\_\_\_\_\_ (date).

We realize that there are risks involved in any activity/trip. We do hereby agree to assume these risks and we do hereby release and hold harmless the \_\_\_\_\_ school district, including faculty and staff sponsor(s) of any and all liability which may arise as a result of our student's participation in the activity/trip.

We also empower \_\_\_\_\_ (sponsor's names) to authorize emergency medical treatment for the above-named student and we agree to accept responsibility for the cost of any medication/medical services/x-rays/medical transportation prescribed by a licensed physician or required as necessary to be administered or arranged under sponsor(s) direction.

Our medical insurance program and number is:

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

dated: \_\_\_\_\_

\_\_\_\_\_  
Father's Signature or Guardian

\_\_\_\_\_  
&/ or Mother's Signature or Guardian

Our home phone number is : \_\_\_\_\_

Our work phone number is : \_\_\_\_\_