

PENNSBURY SCHOOL DISTRICT
INTRAMURAL PERMISSION SLIP

SCHOOL _____ Homeroom # _____

NAME _____

I give permission for my son/daughter to participate in intramural

(activity) _____ at

(school) _____ with the understanding that my child has accident insurance coverage to protect him/her in case of injury. I will assume full responsibility for any medical and hospital bills related to injuries sustained in this activity. I REALIZE THAT MY CHILD WILL LEAVE SCHOOL ON EITHER THE 4:00 PM OR 5:00 PM LATE BUS DEPENDING ON THE ACTIVITY.

PLEASE COMPLETE:

HOME ADDRESS _____

BUSINESS ADDRESS _____

HOME PHONE _____

CELL PHONE _____

EMERGENCY PHONE _____

Does your child have any allergies, seizure disorders or other medical problems that the sponsor should be aware of? _____

If so, what? _____

SIGNATURE OF PARENT/GUARDIAN