

ELK GROVE UNIFIED SCHOOL DISTRICT
JOSEPH KERR SCHOOL
CROSS-COUNTRY
PERMISSION SLIP

I _____ give my son/daughter _____
(parent/guardian name) *(student name-grade-ID#)*

permission to participate in the Joseph Kerr Cross-Country Team. Participation in this program offers experience in Cross-Country running for our students. Practices are after school from 3:15 to 4:45pm. Practice begins August 18 and ends the final week of October. Please take this completed permission slip to Mr. Link in room 75. You must have this slip and your sports physical completed before you are allowed to compete in any races.

PARENT PERMISSION

In the event of an accident or other emergency while participating in this program, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care including transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by a licensed physician or surgeon.

(parent/guardian signature)

(date)

Physician's Name

Phone Number

Medical Insurance Provider

Medical Insurance ID Number

Emergency Contact Name

Contact Phone Number

(parent/guardian landline phone)

(parent/guardian cell phone)

