

TUMWATER SCHOOL DISTRICT
MIDDLE SCHOOL ATHLETIC CLEARANCE

TUMWATER SCHOOL DISTRICT
MIDDLE SCHOOL
ATHLETIC MEDICAL TRAVEL CARD

THIS FORM MUST BE COMPLETED AT THE BEGINNING OF EACH SPORT

Student Name _____ Sport _____ Gender M _____ F _____

Birth Date _____ Grade _____

Parent/Guardian Name _____ Phone _____

Work Phone Mother _____ Father _____

Cell Phone Mother _____ Father _____

Alternative Person(s) to be notified in case of emergency:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Specify any allergies or other medical conditions your child has which first-aid personnel should be aware of

Regular medications _____

Does your student use or carry an inhaler Yes _____ No _____

In case of illness, accident or emergency involving this student, the principal or coach is authorized to act on my behalf if I cannot be contacted, and I hereby give permission for a medical doctor to do what is necessary to maintain the health of this student. I realize that Tumwater Middle School does not carry medical insurance for students.

Parent/Guardian Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

OFFICIAL OFFICE USE ONLY

This is to verify that the above-mentioned student has completed all the necessary athletic/activity forms and they are on file in the ASB Office at thier Middle School. He/she is responsible for giving this completed form to the coach, at which time the student is eligible to participate. This form needs to be completely filled out and returned to the coach for each sports season in which the student/athlete participates.

SPORT _____ PARTICIPATION FEE PAID _____ ASB CARD PURCHASED _____

AUTHORIZED **STAFF** SIGNATURE _____ DATE _____