



PERMISSION SLIP / MEDICAL RELEASE FORM

We are so excited that your family has chosen to participate in our 2018-2019 athletic program! We know that you do not take this commitment lightly, and neither do we.

Enclosed you will find permission slips, as well as medical release forms. Please read and complete the forms as soon as possible, as it is required for your child's involvement in our sports programs.

We thank you again for your involvement in our athletic program!

PART I

The undersigned as the parent and/or legal guardian of _____, do hereby consent to allow him/her permission to participate in tryouts and potentially become a member of any or all sports teams at Faith Outreach Academy.

Should my student be selected as a member of the team, I give him/her permission to attend and participate in all games, all scheduled practices and all fundraisers for FOA Eagles Athletics, at the discretion of his/her coach.

This is the only permission slip that needs to be signed throughout the school year.

Parents / guardians will be given a game and practice schedule for each sport that their child is selected for, and they will be notified promptly of any changes to the schedule.

Parent / Guardian Name (Printed): _____

Parent Signature: _____

Date: _____



PART II

Insurance Coverage: _____

Policy Number: _____

Expiration Date: _____

Phone Number of Insurance Company: _____

PROOF OF INSURANCE MUST BE PROVIDED UPON REQUEST

Parent Signature: _____ **Date:** _____

PART III

The undersigned, as the parent and /or legal guardian of _____, do hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by any qualified physician selected by agents or officials of Faith Outreach Academy. The intention hereof, is to grant authority to administer and to perform all and singularly any examinations, treatment, anesthetics, operations and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by any qualified physician.



No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.

Home: _____ **Business:** _____

In witness of our consent and agreement to the matters stated above, we have subscribed our signature below.

Signature: _____ **Signature:** _____

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Subscribed and sworn to before me a Notary Public, this _____ day of _____ . My commission expires: _____

Notary Public: _____

PART IV

As parent and/or legal guardian of the athlete listed below, I do not desire to sign the medical and surgical release form above.

Name of Athlete: _____

Parent and/or Guardian Signature: _____

Date: _____