

**EDMUNDS MIDDLE SCHOOL
ATHLETIC PERMISSION SLIP**

Student Name _____ **Date** _____

No student will be allowed to participate in an after school sport without medical coverage. Reasonable caution will be exercised by those in charge. However, neither they nor the Burlington School District shall be held responsible in case of accident or injury.

My child has medical insurance and has my permission to participate in the following activity at Edmunds Middle School.

Name of Sport

Please list all health concerns, conditions, or allergies that your child has.

Signature of parent or guardian Date

Home phone or cell number

Work phone or cell number