

Today... and ...



in the **Future**

Fort Smith Public Schools

Athletics and Student Activities

3205 Jenny Lind • P.O. Box 1948

Fort Smith, Arkansas 72902-1948

479-785-2501

Fax: 479-709-6090

ATHLETIC DEPARTMENT Parent or Guardian Permit

STUDENT'S NAME _____ DATE _____

I hereby give my consent for the above named student to compete in approved sports and go with the coach on any approved trips.

In any sport, there is a chance a participant can be injured. In a small percentage of cases, a participant could sustain very serious injury. It is understood that the school assumes no responsibility in case an accident or injury occurs. The school does carry supplemental insurance which will help defray costs that your insurance does not pay.

We furnish NOCSAE approved headgears in football. We have advised each athlete that no helmet can prevent all head and neck injuries, and the dangers of butt blocking, ramming and spearing. We have also advised athletes of the need to constantly check all equipment and report any deficiencies to the coaches immediately.

I give my consent, in case an accident or injury occurs, for the coaches to secure treatment at the best facilities available to them.

My son/daughter is allergic to _____ medication.

My son's/daughter's most recent tetanus shot was on _____.

Please list all pre-existing illnesses or injuries: _____

Parent or Guardian's phone numbers:

Home _____

Cell phone _____

Business _____

Signature of Parent or Guardian

Insurance Information

Insured's Name _____

Witness (Must be at least 18 years old)

Insurance Company _____

Witness (Must be at least 18 years old)

Group Number _____