

**MONTAUK PUBLIC SCHOOL ATHLETICS**

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**INTRAMURAL PERMISSION FORM**

I give (*Student Athlete Name*) \_\_\_\_\_ permission to participate in  
(*Activity*) \_\_\_\_\_ with (*Coach*) \_\_\_\_\_ for (*Dates*) \_\_\_\_\_.

Practices are subject to change but are scheduled for: \_\_\_\_\_

I understand that my child will be participating in the intramural sports program at the Montauk Public School.  
It is also understood that my child is responsible for following all guidelines for participation as set-forth by the  
Montauk Public School, and those provided by each team coach.

Each parent and participant understands the potential for injury while participating in athletic practices.

**PERMISSION FOR MEDICAL TREATMENT**

In the event of an emergency requiring medical attention, I hereby grant permission to the staff member in charge of  
the sport during the athletic season to make any and all decisions necessary for emergency medical assistance for  
my child. I expect every effort will be made to contact me in order to receive my specific authorization before any  
treatment or hospitalization is undertaken. If this is not possible, I realize that I will be contacted as soon as  
possible.

1<sup>st</sup> Emergency Contact Person Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Person Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any medical concerns below. This is important information and will be kept confidential.  
(Allergies, Asthma inhaler, Heart conditions, and any other concerns)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*We have read and understand the above information.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_