

HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT

Intramural Permission Waiver-Emergency Form

Name _____ Male or Female –Grade _____ District School _____
(Circle One)

Address _____ / _____ / _____ Date of Birth _____ Age _____
(Street) (Town) (Zip)

I am aware that my son/daughter _____ is participating in the intramural program at Half Hollow Hills during the fall season. I am also aware that he/she must abide by the school policies and regulations. Therefore, my son/daughter has permission to participate in the intramural program activity of _____.

Please list any medical concerns of which we should be aware of: (Ex: Asthma, allergies, etc.)

Medications _____

Emergency Contact Numbers

Name of Father _____ **Home Phone** _____ **Work Phone** _____

Name of Mother _____ **Home Phone** _____ **Work Phone** _____

Mobile Phone Numbers of Parents or Guardian: _____ / _____ **Pager** _____

Please indicate the name, address and phone number of a close family friend or relative who lives in the local area who can be contacted in case of emergency:

Name _____ Relationship _____

Address _____ Phone Number(s) _____ / _____

If an emergency arises during my absence, I want my child to be given any medical treatment deemed necessary by the examining physician.

Date _____ **Parent/Guardian** _____
(Please Sign)

Student's Name _____ **Phone Number** _____
(Please Print)

***This form must be filled out completely in order to participate in any intramural activity. In the **Act of Forgery** the student will be removed from all intramural activities. If you have any questions you may contact the intramural director, Patrick Murphy, at (631)592-3067. Thank you.