

**Gladstone Area Public Schools Parent Athletic  
Statement Form**

Student Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Reference / Policy Number: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

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**Parent or Guardian or 18-year-old consent**

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

\_\_\_\_\_  
Signature of parent or guardian or 18-year-old

\_\_\_\_\_  
Date

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I understand that there is an inherent risk of injury when participating in the athletic program. (Please be advised: The school does not provide medical insurance for participation in the athletic program.) I understand that it is my responsibility to provide medical insurance for my child to participate in athletics and agree to assume 100% responsibility for any and all emergency/transportation/medical costs incurred as a result of my child's participation in the school athletic program.

I grant permission to the coach to administer Tylenol to my child.

In the event that I cannot be contacted, I give permission to the Gladstone Area School officials to seek medical attention for my child, as they deem necessary.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date