

Califon Public School

6 School St. Califon, NJ 07830 Phone 908-832-2828 fax 908-832-6719

Emergency Contact and Permission Form

Student _____ Grade _____ Date of Birth _____

Parent/Guardian Names: _____

Address: _____ Home Phone: _____

Cell Phone Mother: _____ Father Cell Phone: _____

Mother's Employer: _____ Phone: _____

Father's Employer: _____ Phone: _____

If unable to contact parent:

Alternate contact name: _____ Relationship: _____

Address: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

PARENT/GUARDIAN PERMISSION

I understand my son/daughter desires to participate in _____
(name of sport) on the Califon School Team. Realizing that such activity involves the potential for injury which is inherent in all sports, I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I have read and understand this warning and hereby give permission for my son/daughter to play _____.
(name of sport)

Parent/Guardian Signature: _____ **Date:** _____

AUTHORIZATION FOR EMERGENCY TREATMENT

In case of emergency or serious illnesses, I request that I/we be contacted. I hereby give permission for emergency medical treatment that will include, but not limited to, initial diagnostic x-rays and other such procedures as the physician may see as necessary for the preservation of health. I realize that the school cannot assume responsibility for the payment of medical fees or expenses incurred.

Parent/Guardian Signature _____ **Date:** _____

