

**FEDERAL WAY PUBLIC SCHOOLS  
INTRAMURAL/ELEMENTARY TRACK PERMISSION FORM**

Student Name	Date of Birth	Grade	School	Age*
Address	City	State	Zip	Phone

Please permit \_\_\_\_\_ to participate in the intramural/elementary track activities program. I understand and acknowledge the following information concerning the programs.

1. The school is unable to provide transportation unless otherwise instructed. Parents will be responsible for picking up those students normally bussed from school. Students normally walking from school may walk home after the program.
2. To get the most from the program, each child should be properly equipped with clothing appropriate for each activity.
3. Because of the strenuous nature of some of the activities, each student should have a physical exam. You should not permit your child to participate in these activities if they are not physically able to participate. Please consult your physician.
4. As the possibility of accident exists, every student is **required** to have accident insurance. An insurance program is offered through Federal Way Public Schools for students who do not have a family policy and wish to obtain coverage (those students with family coverage may purchase this additional insurance if they wish); forms are available in the school office.
5. If you are purchasing school insurance, your check and insurance form must accompany this registration form. **DO NOT SEND CASH.** Checks for insurance are to be made out to ExcelServe.

**I ACCEPT FULL RESPONSIBILITY FOR THE COST OF TREATMENT FOR ANY INJURY MY CHILD MAY SUFFER WHILE PARTICIPATING IN THE SCHOOL DISTRICT'S INTRAMURAL/ELEMENTARY TRACK PROGRAM.**

Parent/Guardian Signature	Date
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\* As of March 1 of competing year.

**MUST BE COMPLETED BEFORE FIRST PRACTICE**  
**MEDICAL EMERGENCY AUTHORIZATION FORM**  
**To be completed by parent or guardian and returned to the coach.**

Name of Student Athlete: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Address \_\_\_\_\_ DoB \_\_\_\_\_ Grade \_\_\_\_\_

**As parent or legal guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student; and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Transportation will be arranged if deemed necessary by school or emergency personnel. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment or transportation.**

Name: _____	Date: _____
(Parent or guardian)	
Parent/Guardian signature: _____	
Home Phone: ( ) _____	Business Phone: ( ) _____
( ) _____	( ) _____

<b>Secondary Emergency Contact Person:</b>	
Name: _____	Phone: ( ) _____

Family Physician's Name: _____	Phone: ( ) _____
Hospital Preference: _____	
Insurance company: _____	Policy number: _____

**Student Medical History**

**Yes No**

1. \_\_\_ \_\_\_ Are you allergic to any medication? Which? \_\_\_\_\_
2. \_\_\_ \_\_\_ Do you take any medication regularly? Which? \_\_\_\_\_
3. \_\_\_ \_\_\_ Do you have any chronic or recurrent illnesses Which? \_\_\_\_\_
4. \_\_\_ \_\_\_ Have you ever been hospitalized? When? \_\_\_\_\_ Reason? \_\_\_\_\_
5. \_\_\_ \_\_\_ Have you ever required an operation? When? \_\_\_\_\_ Reason? \_\_\_\_\_
6. \_\_\_ \_\_\_ Have you ever had a concussion? When? \_\_\_\_\_ Reason? \_\_\_\_\_
7. \_\_\_ \_\_\_ Have you had a tetanus shot within the last 5 years? Date of last shot: \_\_\_\_\_
8. \_\_\_ \_\_\_ Do you wear glasses or contact lenses? (circle)
9. \_\_\_ \_\_\_ Do you wear any dental appliance such as a bridge, plate or braces? (circle)
10. \_\_\_ \_\_\_ Have you ever had asthma or breathing difficulties? Medication? \_\_\_\_\_
11. \_\_\_ \_\_\_ Do you have any organs missing other than tonsils or appendix (eye, kidney, testicle, etc.)? \_\_\_\_\_
12. \_\_\_ \_\_\_ Are you allergic to bee stings or other insect bites? What procedure should the school staff follow if this should occur?  
\_\_\_\_\_
13. \_\_\_ \_\_\_ Are you currently taking ANY medications? (Including vitamins, aspirin, etc.) What? \_\_\_\_\_