

NVHS INTRAMURAL PERMISSION WAIVER

I AM AWARE THAT MY SON/DAUGHTER_____IS
PARTICIPATING IN THE INTRAMURAL PROGRAM AT NEUQUA
VALLEY DURING THE FALL SEASON. I AM ALSO AWARE THAT
HE/SHE IS MUST ABIDE BY THE SCHOOL POLICIES AND
REGULATIONS. THEREFORE MY SON/DAUGHTER HAS
PERMISSION TO PARTICIPATE IN THE INTRAMURAL PROGRAM
ACTIVITY.

PLEASE LIST ANY MEDICAL CONCERNS OF WHICH WE SHOULD
BE AWARE OF: (EX: ASTHMA, ALLERGIES, ETC)

MEDICATIONS: _____

EMERGENCY CONTACT

HOME: _____ WORK: _____ CELL _____

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 _____

STUDENT (PLEASE PRINT) _____

PHONE NUMBER _____

***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 AT NVHS-INTR@IPSD.ORG. THANK YOU