



**SOWERS ATHLETICS**  
**EMERGENCY TREATMENT AND PERMISSION SLIP**

\_\_\_\_\_  
Student's Last Name                  Student's First Name                  Grade                  Home Phone #

\_\_\_\_\_  
Parent/Guardian Name                  Cell Phone #

\_\_\_\_\_  
Address                  Work Phone #

I.        **PARENT/GUARDIAN PERMISSION**  
I hereby give my consent for the above named student to participate in the Sowers After School Athletics Program and travel under school supervision. A schedule of games will be provided once dates and locations are finalized.

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

II.        **CONSENT FOR EMERGENCY TREATMENT**  
I hereby give permission for a physician to administer emergency treatment.

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