STATE COLLEGE AREA SCHOOL DISTRICT

SECONDARY INTRAMURAL ACTIVITIES PERMISSION FORM

	in	grade
(Please print the first and last name of the student)		
has permission to participate in	-11	· and Sold ata \
(name of activity - flag football, volleyb	all, open gym, track	c and field, etc.)
The State College Area School District strives to make all intramural activities as sa instructors/coaches, safe and dependable equipment, properly maintained facilities, and sa the parent or guardian will be notified immediately. In the event the parent or guardian cemergency room of the Mount Nittany Medical Center.	fe and reliable tra	ansportation. Should an accident occur
Beginning with the 2010-2011 school year, the State College Area School Distrat no cost for its student-athletes. Medical expenses incurred while participati SCASD intramural activities may be covered through the following options:		
 Private insurance plan Voluntary SCASD Student Accident Insurance Plan (exception sport – footb school office) 	all) (an applic	ation is available through each
 Pennsylvania's Children Health Insurance Program (CHIP) Pennsylvania's Medical Assistance Program (MAP) 		
Please complete the following information:		
Mother's Name	Home Phone	
	Work Phone	
	Cell Phone	
Father's Name	Home Phone	
	Work Phone	
	Cell Phone	
Person to contact if parents are unavailable:	Phone	
Family Doctor/Pediatrician	Phone	
	l	
Emergency first-aid will be administered by the Intramural Staff durchronic health or other exceptional conditions as outlined in a 504 Set the Student Services office at 231-1054 or the Special Education office start of the intramural program. Student medications stored in the heat activities. Parents need to make other arrangements if medications or of the start of the intramural program.	rvice Agreem e at 231-4172 alth room are	ent or an I.E.P., please contact at least one week prior to the not available during intramura
activities. Fareitis fieed to make other arrangements if medications of t	otilei special	considerations are necessary.
Please list any health concerns for your child		

Signature of parent or guardian Date