

**Port Townsend School District #50 Policy No. 5400
Activity Information and Authorization Form**

CIRCLE ACTIVITY

**Fall Play Production
Spring Play Production**

**Mock Trial
Knowledge Bowl**

Student Name _____ Parent Name _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____
(Person if parents cannot be contacted)

Students and Parents: Please read the Athletic/Activity Code for the Port Townsend School District.

- I have read and understand the Athletic/Activity Code for the Port Townsend School District.

Parent signature

Student signature

Return completed form and \$25 to the ASB Office.

**Medical Emergency Authorization Form
Please complete in ink.**

Name of Student _____ Activity _____

As parent or legal guardian, I authorize 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, that he/she deems necessary to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment.

Signature of Parent or Guardian

Date

Parent's home phone _____ Cell Phone _____

Medication _____ Allergies _____

Insurance company and number _____

Special instructions _____