

NORTHLAND FALCONS

Athletes's Name(s): _____

Additional Caregiver / Emergency Contact / Additional Pick Up Information	
Name: _____	Name: _____
Relationship _____	Relationship _____
Phone: _____	Phone: _____
Address: _____ _____	Address: _____ _____
Work Phone: _____	Work Phone: _____
Email Address: _____	Email Address: _____

I give my permission for my child(ren) to be administered first aid.	Yes	No
I give permission for my child(ren) to be administered essential oils.	Yes	No
I give permission for my child(ren) to be administered Tylenol or Advil.	Yes	No
I give permission for my child(ren) to be administered a cough drop.	Yes	No
I give permission for my child(ren) to be administered Tums or Pepto Bismol, or the generic.	Yes	No
I give permission for my child(ren) to be administered Cortisone cream.	Yes	No
I authorize my child(ren) to be photographed, named and / or videoed for special projects and advertisements that benefit the school including yearbook, social media and other publications.	Yes	No
I give my permission for my child(ren) to be administered muscle rubs.	Yes	No
I give my permission for my child(ren) to be administered benadyl or the generic.	Yes	No
My child has allergies	Yes	No
Explain Allergies:		

Parent/Guardian Signature: _____

Date: _____