

## PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby **verify** the accuracy of the information submitted to the school regarding my student's physical condition and ability to participate in sports activities, and **give my consent** for my student to engage in approved athletic activities as a representative of his/her school, except those activities indicated as limited participation or not cleared by my student's physician on their Iowa Athletic Pre-Participation Physical Examination.

I also **give my permission** for the team's physician, certified athletic trainer, or other qualified personnel, to give first aid treatment to my student at an athletic event in case of injury.

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Name of Parent or Guardian (*printed*)

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Signature of Parent or Guardian

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Address (Street/PO Box, City, State, ZIP)

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Phone Number