Check one PATERSON PUBLIC SCHOOLS JFK EDUCATIONAL COMPLEX, 61-127 PREAKNESS AVENUE, PATERSON, NJ 07522 EASTSIDE HIGH SCHOOL, 150 PARK AVENUE, PATERSON, NJ 07501				
PERMISSION/ACKNOWLEDGEMENT	FORM:			
STUDENT NAME:		_ GRADE:	DOB	AGE
I hereby give permission for my son/daugequipment in the following sports:  SPORT(S)	ghter to participate in, ti	ravel with and b	e responsible	for the return of all
I release the school from all liability resulting from participation in these programs.				
REALIZING THAT SUCH ACTIVITY INVOLVES THE POTENTIAL FOR INJURY WHICH IS INHERENT IN ALL SPORTS. I/WE ACKNOWLEDGE THAT EVENTHE BEST COACHING, USE OF THE MOST ADVANCED PROTECTIVE EQUIPMENT AND STRICT OBSERVANCE OF RULES, INJURIES ARE STILL A POSSIBILITY. ON RARE OCCASIONS THESE INJURIES CAN BE SO SEVER AS TO RESULT IN TOTAL DISABILITY, PARALYSIS OR DEATH. I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THIS WARNING.				
I will be responsible for any athletic equipany loss. I also understand that only those medical eligible for coverage by Paterson Public I understand that in the case of injury to insurance first.	ll expenses not covered School District insurand	I by my own per ce policy up to th	sonal or grou ne specified li	p insurance are mits.
PLEASE NOTE: The Board of Education interscholastic athletics against accident PHYSICIAN, HOSPITAL, AND/OR SURFOTHER INSURANCE YOU MAY HAVE. PATERSON BOARD OF EDUCATION'S YOUR OWN INSURANCE, UP TO THE FORMS TO THE INSURANCE COMPA	al injury. The following GICAL EXPENSES, TH PARENTS MUST US S INSURANCE WILL T LIMITS OF THE POLIC	will explain the IIS POLICY BEGETHEIR OWN THEN PAY THO	coverage. IN COMES EXCI INSURANCE SE BILLS NO	THE EVENT OF ESS OVER ANY FIRST. OT COVERED BY
Although this coverage is very broad, the many situations medical bills may not I are their own responsibility, not the Boar Please report any injuries immediately to upon your request will provide claim form submit them to the insurance company. you receive your medical bills. Bollinger policy coverage or about specific claims. I understand that I am liable for any mout.  I acknowledge receipt of the explanate exclusions of the insurance program program in Paterson.	by covered in full. Part of d of Education. In the ATHLETIC TRAIN in and it will be the part of the pa	rents should und IER OR YOUR ent's responsibil in the insurance 67-0092, can be after the abov s, which descr	CHILD'S COA ity to obtain a form from the st answer que e procedures ibes the cove	ACH. The school II medical bills and e school by the time estions regarding the shave been carried erage, benefits and
DATE:PARENT/GUARDIAN NAME: (PRINT) _ PARENT/GUARDIAN SIGNATURE:PERSONAL/GROUP MEDICAL INSURPOLICY#PHONE (HOME)	ANCE			
In case of emergency contact: NAME_ Known Allergies to Medications		PHO	NE	D 01/001