

**LINCOLN CONSOLIDATED SCHOOLS  
PARENT NOTIFICATION AND CONSENT FORM  
FOR LINCOLN ATHLETIC TRIPS**

Dear Parent,

Please complete this form and return to the Athletic Office or Coach:

I hereby give permission for my child: \_\_\_\_\_ to go on athletic  
trips with \_\_\_\_\_  
(Student/Athletes Name)  
(Team Name)

I understand that my child will travel with the team to and from athletic events on school provided transportation. I understand that the student/athlete will travel with a chaperone not only during the scheduled activity but also whenever they leave the activity site.

In granting this permission, I assume full responsibility for any damages to person or property caused by my child.

I agree that if it is determined that my child needs medical or dental treatment, I will be responsible for such treatment determined necessary by a physician or dentist.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(School-High/Middle)

\_\_\_\_\_  
(Date)

*(This includes student/athletes under guardianship, ward, etc.)*

**STATEMENT OF ATHLETIC ELIGIBILITY**

I verify that \_\_\_\_\_ lives in the LINCOLN CONSOLIDATED SCHOOLS and is

\_\_\_\_\_  
(Name of Student/Athlete)

living with the same persons with whom he/she had been living with during the period of his/her last school enrollment.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

**DISCLOSURE OF CURRENT HEALTH**

My signature verifies that \_\_\_\_\_ has been in good health for the past month.  
(Student/Athletes Name)

\_\_\_\_\_  
(Signature of Parent/Guardian)