

STUDENT HIP PERMISSION FORM

Date: _____

School: _____

My child _____ is physically capable of participating in the exercise component of the HIP program. If my child has any medical problems, he or she has been cleared by a medical doctor to participate in athletic activities. If my child requires any medication prior to exercise, he or she will use this medication appropriately prior to exercise. I have read the document, Healthy in Progress Program Information. I understand and support the HIP program. Therefore, I am giving permission for my child to participate in this program.

Signature of Parent or Guardian: _____

Address: _____

Phone numbers----- Home: _____

Mobile: _____

Work: _____

Additional contact in case of emergency: _____

Phone number of emergency contact: _____

I would like to serve as an adult volunteer during HIP sessions; please circle: Yes No

I would like to exercise with my child during HIP sessions; please circle: Yes No

Comments or suggestions:

