



SPECIAL OLYMPICS SEMINOLE COUNTY

PLEASE RETURN TO YOUR COACH AS SOON AS POSSIBLE

PARENTAL PERMISSION SLIP & CODE OF CONDUCT REMINDER

I HEREBY GIVE PERMISSION FOR MY ATHLETE: _____

TO ATTEND: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PHONE NUMBER: _____

IN CASE OF AN EMERGENCY OR EARLY/LATE ARRIVAL _____

ATHLETE: I AGREE TO FOLLOW ALL THE RULES OF THE CODE OF CONDUCT FOR SPECIAL OLYMPICS FLORIDA AND SEMINOLE COUNTY. I UNDERSTAND THAT VIOLATION OF THESE RULES MAY RESULT IN MY BEING REFUSED ANY FUTURE PARTICIPATION IN SPECIAL OLYMPICS FLORIDA AND SEMINOLE COUNTY EVENTS

ATHLETE SIGNATURE: _____

DATE: _____

MEDICATION INFORMATION

MEDICATION NAME	AMOUNT TAKEN	WHEN/FREQUENCY	SPECIAL INSTRUCTIONS

ADDITIONAL INFORMATION...

IS THERE ANYTHING WE NEED TO KNOW ABOUT YOUR ATHLETE:

SLEEPING HABITS/TENDANCIES, BEHAVIORAL ISSUES/CONCERNS, FOOD PRODUCTS TO AVOID, ETC...
