Running Club Permission Slip

Free printable from Student Lap Tracker · adapt to your district's requirements

Our school running club meets _____ (days/time) at _____ (location), starting _____ (date). Students walk, jog, or run laps at their own pace under adult supervision. Participation is free.

Student Information

Student name: _____ **Grade/Class:** _____

Parent/guardian name: _____ **Phone:** _____

Emergency Contact

Name: _____ **Relationship:** _____ **Phone:** _____

Health Information

- ☐ My child has **no** health conditions affecting exercise
- ☐ Asthma — carries inhaler? ☐ Yes ☐ No
- ☐ Allergy (describe): _____
- ☐ Other condition or note: _____

Permission

I give permission for my child to participate in the school running club. I understand the club involves physical activity, that trained supervisors will be present, and that I will be contacted in case of injury or emergency. I have listed all relevant health conditions above.

Parent/guardian signature: _____ **Date:** _____