

# KINGWOOD TOWNSHIP SCHOOL

RICK FALKENSTEIN  
*Superintendent/Principal*

880 County Road 519  
Frenchtown, New Jersey 08825  
(908) 996-2941  
FAX (908) 996-7268

SCOTT YERGER  
*Assistant Principal*

COACH'S AUTHORIZATION

Student's Name \_\_\_\_\_

*Authorization from parent/guardian to the coach:*

I/We, \_\_\_\_\_ and \_\_\_\_\_ *(print names of parent(s))*  
Authorize to the coach of the \_\_\_\_\_ team to act on my behalf in  
seeing proper medical attention is given to my daughter/son in the event any injury is sustained  
during the school sponsored activity. I hereby direct the physician or hospital in charge to  
recognize the signature affixed as the bona fide authorization of the family.

---

Mother's Signature	Home phone	Work Phone	Date
--------------------	------------	------------	------

---

Father's Signature	Home Phone	Work Phone	Date
--------------------	------------	------------	------

---

Family Physician	Telephone
------------------	-----------

---

Insurance Carrier \_\_\_\_\_

Received by Coach \_\_\_\_\_

---

Print Name	Signature	Date
------------	-----------	------

*Parents, Please complete the emergency card (the yellow card), keeping in mind the times of practices and games. These MUST be in the possession of the coach prior to practice or try-outs if necessary. Thank you!*