



Cleveland Public Schools



**600 North Gilbert
Cleveland, OK 74020
Phone: 918-358-2210
Fax: 918-358-3071**

PERMISSION FOR MEDICAL TREATMENT

I, the parent (or guardian) of _____ give my permission for medical treatment and hospitalizations if necessary, in case of my absence.

Signature of parent or guardian

In order for a student to participate in athletics, he/she should purchase the accident insurance (booklets with options and prices available) or indicate on this form that the insurance is not needed.

_____ We desire to take out school insurance.

_____ We have adequate insurance and do not wish to participate.