

**PERMISSION TO PARTICIPATE**  
**GREENFIELD COMMUNITY UNIT SCHOOL DISTRICT NO. 10**  
**2021-2022 SCHOOL YEAR**

My son/daughter, \_\_\_\_\_, has my permission to participate in all school-sponsored events. These include any extra-curricular events, practices, programs, etc. I understand that the insurance company listed below will be the primary carrier in case of an accident. The school's carrier will be secondary. (If you do not have health insurance, please note below.)

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**Name of Insurance Company**

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**Policy Number**

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**Parent/Guardian Signature**

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**Date**