



Parent Permission & Medical Release for Sports Participation

Student Name _____ Date _____

SEX: M _____ F _____ DATE OF BIRTH _____ Current Grade _____

Name of Parent/Guardian(s) _____

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

_____ has my permission to participate in _____
SPORT
during the school year _____. He/she will be expected to attend all scheduled practices and games. If needed, I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

IN CASE OF AN EMERGENCY AND I CANNOT BE REACHED, CALL:

#1: Name _____ Phone _____ Relationship _____

#2: Name _____ Phone _____ Relationship _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child has received a medical release to participate in _____ (sport) and he/she has been in good health since, having no accidents or major illnesses.

Please indicate any allergies or health conditions that the coach should be aware of:

_____ Diabetes	_____ Fracture	Regular medications:
_____ Epilepsy	_____ Dislocation	_____
_____ Seizures	_____ Knee Problems	_____
_____ Asthma	_____ Other Joints	Date of last Tetanus shot:
_____ Hernia	_____ Operations	_____
_____ Heart Disease	_____ Lung Disease	

ALLERGIES:

_____ Pollen _____ Insect _____ Drugs (please list) _____
_____ Food (please list) _____
_____ Other (please list) _____

Insurance Carrier _____ Policy # _____
Family Physician _____ Phone _____

Parent Signature _____ Date _____