

◆ **Your child cannot participate in this sport until all necessary paperwork has been completed** ◆

Participating Student Name

_____/_____/_____
Date of Birth

Grade

has my permission to participate in **(Name of Sport)** _____
after school; I understand that participation in this sport involves an inherent risk of accident or injury that may occur despite all reasonable efforts of the school district and its employees to prevent or avoid such accident or injury. I agree that neither the district nor any of its employees shall be responsible for the payment of any bills rendered for medical service as a result of my son or daughter's routine participation.

EMERGENCY INFORMATION / HEALTH UPDATE - To be completed by the parent.

Parent Name: _____ Home PH: _____

Mailing Address _____ Work PH: _____

_____ Cell PH: _____

Parent Email: _____

2nd Emergency Contact _____ Cell PH: _____

3rd Emergency Contact _____ Cell PH: _____

If emergency treatment is required and the parents or legal guardian cannot be reached immediately, your signature below empowers the school authorities (including coaches) to exercise their own judgement in calling for emergency 911 assistance. Your signature also authorizes the release of medical information included on this form.

List any ALLERGIES

1. **During the past 12 months** has your child been under the care of a doctor, had any surgeries, any physical restrictions, or any concussions that the school should be aware of before playing this sport? **YES NO**
Positive responses require explanation and may require a medical evaluation.

Please explain: _____

2. **Any known medical diagnoses?** _____ **Physician** _____

3. **Does your child wear contact lenses/glasses/have retainer/braces? (please circle)**

4. **May your child require an emergency medication during the sport? (inhaler, Epi Pen, etc.) YES NO**

- *I hereby authorize the school district to obtain **EMERGENCY MEDICAL CARE** that may become necessary for my child in the course of athletic activities or travel.*
- *I hereby state that, to the best of my knowledge, my answers to the above questions are correct.*
- *I acknowledge that I have read the concussion information provided and will abide by the regulations and expectations that are contained within the handbook.*

Parent/Guardian Signature

Date