



Parent Permission & Medical Release for Sports Participation

Student Name _____ Date _____

M _____ F _____ Date of Birth _____ Grade at Time of Participation _____

Name of Parent/Guardian(s) _____

Address _____

Best Phone _____ Work Phone _____

Parent Email _____

_____ 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 medical release per his/her physician's report on file in the school health office to participate in _____ (Sport) and he/she has been in good health since with no accidents or major illnesses.

My child has the following allergies or health conditions that the coach should be aware of:

_____ Diabetes _____ Fracture _____
_____ Epilepsy _____ Dislocation _____
_____ Seizures _____ Knee Problems _____
_____ Asthma _____ Other Joints _____
_____ Hernia _____ Operations _____
_____ Heart Disease _____ Lung Disease _____

Regular medications:

Date of last Tetanus shot:

ALLERGIES:

_____ Pollen _____ Insect _____ Drugs (please list) _____

_____ Food (please list) _____

_____ Other (please list) _____

Insurance Carrier _____ Policy # _____

Family Physician _____ Phone _____

Parent Signature _____ Date _____