PARENT OR GUARDIAN PERMIT
FOR ATHLETIC PARTICIPATION

NAME_____ DATE. _____

I hereby give my consent for the above named to compete in approved sports and go with the coach on any approved trips.

In any sport, there is a chance a participant can be injured. In a small percentage of cases, a participant could sustain very serious injury. It is understood that the school assumes no responsibility in case an accident or injury occurs. The school does carry supplemental insurance which will help defray cost that your insurance does not pay.

We furnish NOCSAE approved headgears in football. We have advised each athlete that no helmet can prevent all head and neck injuries, and of the dangers of butt blocking, ramming, and spearing. We have also advised him of the need to constantly check all equipment and report any deficiencies to the coaches immediately.

I give my consent, in case an accident or injury occurs, for the coaches to secure treatment at the best facilities available to them.

My son/daughter is allergic to _____ Medication

My son/daughter's most recent tetanus shot was on_____

Please list all pre-existing illnesses or injuries _____

Parent or Guardian's Phone _____

Signature of Parent or Guardian_____

Home _____

Business_____

Insurance Information _____

Insured's Name_____

Insurance Company_____

Group Number_____

Parent or Guardian's mailing address_____

Parent or Guardian's e-mail address_____

ATHLETIC COMPETITION HEALTH SCREENING FORM

NAME: FAMILY PHYSICIAN:

SCHOOL: SPORTS:

AGE: GRADE:

DATE OF BIRTH: _ / _ / __ SEX: F M

1-

HEALTH HISTORY PARENT OR GUARDIAN Answer "yes" or "no" ONLY	YES	NO
Chronic/Recurrent Illness:		
Hospitalization?		
Surgery Other Than Tonsils?		
Injuries Treated by Physician?		
Current Medications?		
Organ Missing?		
Heat Exhaustion/Stroke?		
Dizziness,Fainting,Convulsion and/ or Headaches?		
Knocked Out?		
Concussion?		
Wears Glasses or Contacts?		
Hearing Defects?		
Problems with Blood Pressure Heart or Murmurs?		
Problems with Liver, Spleen, Kidney?		
Hernia?		
Bone/Joint Injury?		
Sprains/ Dislocation?		
Allergy to Medications? Name:		
Tetanus Booster in the last 10 Years?		

VITALS	PHYSICAL EVALUATION COMMENTS	RECOMMENDED FOLLOW-UP
Ht		
Wt Ibs.		
BP /		
General		
Head	ORTHOPEDIC EVALUATION	
Eyes		
ENT		
Heart		
Abdomen	Summary of Comments:	
Genitalia		
Extremity		
Back		
Neck	SPORTS PARTICIPATION APPROVED YES NO	
Allergy	Limitations:	

Parent or Guardian Signature

PHYSICIAN SIGNATURE