



PERMISSION TO PARTICIPATE FORM

This form is to be completed on behalf of a student who wishes to participate in interschool athletics. It is to be returned to the coach prior to the students' first game/meet.

Student Name: _____ School: _____

Sport: _____ Date: _____

Have you completed a Permission to Participate Form for this student already this school year?

- Yes (if the medical condition of your son/daughter is unchanged, then please skip to parent/guardian signature section at the end of this form)
- No (Please complete all sections of this form)

TO THE PARENT:

Your son/daughter has chosen to participate in our Elementary Interschool Athletic Program. This may involve vigorous physical activity.

In case of an injury, most basic Medical Plans do not provide coverage of permanent teeth or private nurses. If you wish this coverage, it is recommended that you investigate an Accident Policy.

GENERAL INFORMATION

Home Address: _____

Home Phone #: _____

Health Card#: _____

Parents/Guardians: _____ work #: _____
_____ work #: _____

Student's Physician: _____ phone #: _____

Emergency Contact: _____ phone #: _____

MEDICAL INFORMATION

1. Date of last complete medical examination: _____
(An annual medical examination is recommended)

2. Date of last tetanus immunization: _____

3. Allergies: Yes No If yes, provide details: _____

4. Does your son/daughter take any prescription drugs? Yes No If yes, provide details: _____

5. Does your son/daughter wear a medical alert bracelet? Neck Chain Carry a Card
If yes, specify what is written on it: _____

6. Does your son/daughter wear eyeglasses during athletic activities?
Yes No Contact Lenses? Yes No

7. Please indicate whether your son/daughter has been subject to any of the following and provide pertinent details:

- Severe Allergic Reaction _____
- Serious Illness/Injury _____
- Previous Surgery (include date) _____
- Wheezing/Asthma _____
- Headaches/Concussions _____
- Seizures/Fainting Spells _____
- Vision/Hearing Impairment _____
- Joint/Back Conditions/Injuries _____
- Chronic Nosebleeds _____
- Rheumatism _____
- Skin/Kidney/Intestinal Problems _____
- Hepatitis/Mononucleosis _____
- Other _____

PARENT/GUARDIAN SIGNATURE

I acknowledge and accept the risk inherent in the requested activity and give permission for my son/daughter to participate in _____ for this school year.

Parent/Guardian Signature: _____

Date: _____