

**ILLING ATHLETIC DEPARTMENT
PERMISSION SLIP
YOU CANNOT PARTICIPATE IN ANY SPORT UNTIL THIS FORM IS
COMPLETE**

INFORMED CONSENT: I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.

STUDENT'S NAME _____ ADDRESS _____
(As it appears on school records)

_____ SCHOOL YEAR _____

GRADE _____ DATE OF BIRTH _____ INSURANCE YES/NO

PARENT/GUARDIAN NAME _____ PHONE _____

PARENT/GUARDIAN EMPLOYED AT _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____
(Family/Friend/Neighbor, etc.)

FAMILY DOCTOR/CLINIC _____ PHONE _____

Having read the informed consent and knowing the risks, _____
Has my permission to participate in the school sport program. In case of injury or illness and I cannot be reached, the coach, trainer, nurse or athletic director has my permission to make arrangements for my son/daughter to be taken to the nearest medical facility of an emergency.

My son/daughter has the following health problems or takes medication for a health problem. LIST:

Signature of Parent/Guardian

PHYSICIAN:

I hereby certify that _____ is physically able to participate in:

All sports, including collision and contact sports or

Other (please specify) _____

This certificate is good for the school year _____ unless voided by any serious injury or accident/illness. If void, it will be the responsibility of the student to get updated medical information from his/her physician before resuming participation in competitive sports.

Signature of Physician Date

RETURN FORM TO THE SCHOOL NURSE