

Student Sports Permission Form

STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN ANY PRACTICES, GAMES OR MEETS UNTIL THIS FORM HAS BEEN COMPLETED, SIGNED BOTH PARENT AND STUDENT, AND RETURNED TO THE ATHLETIC DIRECTOR. PLEASE BE SURE INSURANCE INFORMATION IS COMPLETE.

General Information/Consent

Full name _____
Date of birth _____
Grade in School _____
Parent/Guardian Names _____
Address _____
Home Tel. Number _____
Work Tel. Number _____
Emergency contact person & Tel. Number Name: _____ Tel. Number: _____

SPORTS STUDENT MAY PARTICIPATE IN (PLEASE CIRCLE ALL THAT APPLY)

Cross Country Soccer Cheerleading Basketball Baseball Softball Track Other _____

I hereby give my consent for _____ to:

- participate in all sports and a full athletic program.
- represent Connors Emerson in approved athletic activities unless not recommended by my own or school physician.
- to accompany school team to local or out of town games.
- be transported by ambulance if injury should require.
- be examined by physician obtained by school personnel, and given emergency treatment that may become necessary in the course of such activities or travel.

Signature of parent or guardian: _____ Date: _____

Health History

- 1) Have you had any injury requiring medical attention surgery or serious illnesses in the past two years? _____
- 2) Are you under the care of a physician or taking any medicine now? _____
- 3) Are you allergic to any medicines foods, animals, etc. _____
Do you have asthma? _____ Inhaler? _____ Bee Sting Kit? _____
- 4) Have you had any chest pain, dizziness or fainting with exercise in the past year? _____
- 5) Do you wear glasses? _____ Contact Lenses? _____ Dental Bridge? _____
- 6) (If Female) Have you missed more than one menstrual period in the past 6 months? _____
- 7) Do you, your parents or family physician feel that you should be limited in sports participation? _____
- 8) Date of last tetanus shot? _____

Insurance Information

All interscholastic athletic participants are required to have an accident coverage insurance program approved by the school prior to the onset of sports season and continuing there through.

Please check the following under which your child will be covered.

School Insurance: _____ Blue Cross/Blue Shields # _____

Other: _____

Policy # _____

Photocopy of insurance card required.