



MANCHESTER PUBLIC SCHOOLS

45 N. SCHOOL ST., MANCHESTER, CT 06040

PARENT PERMISSION AND ATHLETIC MEDICAL PARTICIPATION FORM

ATHLETES CANNOT PARTICIPATE UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE ATHLETIC TRAINER

Informed Consent: I realize that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in disability, paralysis or even death.

School Year _____

Student Name _____ School _____ Sport _____
(as it appears on school records)

Grade _____ Date of Birth _____ Previous School _____ Student ID _____

Parent / Guardian Name _____ Home Phone _____ Mobile Phone _____

Parent / Guardian Address _____ Parent / Guardian Employer _____

Emergency Contact _____ Home Phone _____ Mobile Phone _____

Family Doctor / Clinic _____ Office Phone _____ Insurance YES NO

Preferred Hospital _____

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

My son / daughter has a life threatening condition or cardiac condition. YES _____ NO _____

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

Explanation: _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PHYSICIAN:

I hereby certify that _____ has had a physical within the past thirteen months.
(student name)

The date of his/ her last physical was _____ and the student is eligible to participate in all
(date of last physical exam)

sports including collision and contact sports.

_____/_____
Signature of Physician Date