THIS FORM MUST BE FILLED OUT FOR EVERY 1st, 2nd, 3rd, 5th, 6th & 8th GRADER

PARENTAL AND PHYSICIAN'S CONSENT FORM FOR STUDENT'S PARTICIPATION IN INTER/INTRA ATHLETICS, RECESS & PHYS. ED.

PARENTAL CONSENT: TO BE RETURNED WITH JULY TUITION PAYMENT

Name of Student: ___________________________ has my permission to participate in the following:

Baseball ______ Kickball ______ Track & field ______
Basketball ______ Soccer ______ Wrestling ______
Phys.Ed. ______ Softball ______ Recess ______

This permission extends to all activities, whether conducted on the school premises or not, and waives any claim for injury or damage incurred by said participant while taking part in the referred to activity. This form must be returned, as requested, if your son is to be considered eligible for participation in the athletic program/Phys. Ed./Recess.

Date: _______________ For school year Sept. ______ to June ______

(Parent's Signature)

The parent whose signature appears above will be responsible for any athletic equipment and material loaned the pupil and will insure its prompt return at the close of the session or earlier if required:

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PHYSICIAN'S CONSENT: Please check for:

History of head injuries ______ Bleeding tendency ______
Cardiovascular status ______ Hernia ______
B/P ______ Others that would interfere with sports participation ______
Orthopedic defects ______

Urinalysis (Optional)

Urine S.G. ______ ALB. ______ SUGAR ______ MICRO ______

On the basis of history and examination, this pupil would be able to participate in competitive sports for the school year ______ Yes ______ No ______

With limitations noted below:

________________________________________________________________________

Date of last Tetanus Booster _______________

Date form was filled out _______________

Date of last Measles (MMR) Booster _______________

*This information may be shared with School Personnel on a "Need to Know basis."

(Physician's Signature)

Revised 6/07