



SAINT EDMOND'S ACADEMY

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

PARENTAL AND PHYSICIANS'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.

(Parent's Signature)
Date: _____ For school year Sept. _____ to June _____

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:

PHYSICIAN'S CONSENT: Please check for:

History of head injuries _____	Bleeding tendency _____
Cardiovascular status _____	Hernia _____
B/P _____	Others that would inter- fere 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