

ACTIVITIES PERMISSION

Dear Parent or Guardian,

Please complete this form and return it to your coach or school nurse *prior to the beginning day of any participation in a sport/tryout.*

Name of Student _____

Current grade in school _____

YOUR CHILD IS REQUIRED TO HAVE A CURRENT HEALTH PHYSICAL (WITHIN ONE YEAR) AND ACCIDENT/HEALTH INSURANCE BEFORE PARTICIPATION IN ANY SPORT TRY-OUT.

I give permission for my son/daughter to participate (please check all that possibly will apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Pom Pon | <input type="checkbox"/> Soccer | <input type="checkbox"/> Science Olympiad |
| <input type="checkbox"/> Track | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Drama |

My child is covered by insurance:

Insurance Company _____

Policy Number _____

School Insurance _____

My child is not covered by insurance

My child has the following health concern(s) that the coach needs to be aware of:

Please explain: _____

My child will need to carry/bring the following medications to practices and games:

(examples: EPI-Pen, inhaler, insulin, glucagon)

(Parent/Guardian signature)

(Date)

CONCUSSION INFORMATION SHEET

(Sign after reading the attached information)

(Student-athlete signature)

(Date)

(Parent/Guardian signature)

(Date)