

BOW MEMORIAL. SCHOOL
PARENTAL PERMISSION FOR PARTICIPATION IN ATHLETICS

(to be completed and signed by the parent/guardian)

Student's Name _____ Grade _____
Address _____

HEALTH HISTORY

	YES	NO
Has had injuries requiring medical attention (includes treatment for head or brain injury, unconsciousness, sprains of any joints, broken bones, serious eye trouble and kidney injuries.)	_____	_____
Has had illness lasting more than a week (includes history of heart condition or heart disease, rheumatic fever, diabetes, mononucleosis, etc.)	_____	_____
Does this student have an allergy (insects, medications, pollen, etc?)	_____	_____
*if yes, does student carry or require the use of an epiPen?	_____	_____
Is the student under a physician's care now?	_____	_____
Does the student take medication on a regular basis?	_____	_____
Does the student wear glasses or contact lenses (circle one)	_____	_____
Has the student had a surgical operation or been advised to have one?	_____	_____
Has the student been in the hospital (except tonsillectomy)	_____	_____
Does the student have any special health problems?	_____	_____
Does the student have any missing or nonfunctional organs?	_____	_____
Do you know of any reason why this student should not participate in all sports?	_____	_____

*****PLEASE EXPLAIN "YES" ANSWERS TO ABOVE QUESTIONS:**

*Continue explanation on back of form if needed

Date of last complete medical exam: _____

Date of last tetanus immunization: _____

Date of last dental exam: _____

Health Insurance Carrier _____ Policy# _____

PARENTAL PERMISSION

I hereby give my consent for _____ to participate in (sport name) _____, and I understand and agree that the Bow School District is not responsible or liable for any injury or expenses incurred as a result of participation in the school athletic program.

In case of an accident or serious illness, I request the coach to contact me. I hereby authorize that my child be transported to the nearest medical facility for treatment as needed.

_____ Date

_____ Signature of Parent/Guardian

Emergency Contact #1 Name: _____ Phone#: _____

Emergency Contact #2 Name: _____ Phone #: _____

Emergency Contact #3 Name: _____ Phone#: _____