



MANCHESTER PUBLIC SCHOOLS

45 N. SCHOOL STREET MANCHESTER, CT 06040

PARENT PERMISSION AND ATHLETIC MEDICAL PARTICIPATION FORM

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

School Use Only

____ Date Received
____ Health Form (Blue)
____ Date of Physical
____ Health History Form
____ Concussion/Cardiac Form
____ Self-Medication Form

Notes: _____

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: _____ Sport: _____

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

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

Parent / Guardian Name: _____ Home Phone: _____

Mobile Phone: _____ Email Address: _____

Address: _____ Employer: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Family Doctor / Clinic: _____ Office Phone: _____

Preferred Hospital: _____ Insurance: YES NO

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: _____

**ALL ATHLETIC PARTICIPATION FORMS MUST BE SUBMITTED
WITH A CURRENT BLUE STATE OF CT HEALTH FORM
TO BE ELIGIBLE TO PARTICIPATE**

- Forms must be dated & signed by a physician (with stamp – preferred) with physical exam date clearly printed
- Physicals are VALID for 13 MONTHS from date of Physical & will need to be renewed to continue participation

White copy – Athletic Trainer

Yellow copy – Coach

Pink copy – Athletic Director / Dept