

(This form needs to be completed only once per year per student-athlete)

ATHLETIC EMERGENCY INFORMATION

Athletes Name _____ Date of Birth _____ Grade _____
Address _____ Telephone No. _____
Parent Name _____ Employer _____ Telephone No. _____
E-Mail Addr:(1) _____ E-Mail Addr:(2) _____
Emergency Contact Person _____ Telephone No. _____
Second Contact Person _____ Telephone No. _____
Family Doctor's Name _____ Telephone No. _____
Family Dentist Name _____ Telephone No. _____
Date of last physical exam _____
Highly allergic to: _____
Diabetic _____ Epileptic _____ Date of last Tetanus Shot _____
Menactra Vaccine _____

*List any injuries and/or illnesses requiring medical attention, that have occurred in the last year:

Other information that may be important: _____

To the best of my knowledge my son/daughter is physically able to participate in athletics. You have my permission to take whatever action deemed necessary for the health and welfare of my child.

Parent/Guardian Signature _____

GUILFORD PUBLIC SCHOOLS ATHLETIC PERMISSION AND WARNING FORM

Your daughter/son has expressed a desire to compete in an interscholastic sport in Guilford. A yearly physical examination and a parental permission form are required prior to athletic participation.

We realize that participating in organized athletics involves the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

We have read and understand this warning and _____
(Student-Athlete's Name, please print)

has my permission to participate in organized school athletics during the **2016 – 2017** school year.

Signatures Required

Parent/Guardian Signature: _____ Date _____

Student-Athlete Signature: _____ Date _____

List sports participating in

Fall: _____

Winter: _____

Spring: _____

*** PLEASE BE SURE TO COMPLETE **ALL** INFORMATION AND SIGN IN **ALL** AREAS INDICATED. THANKYOU! ***