ATHLETIC PERMISSION

Somers Public Schools

PART A: GENERAL INFORMATION

Student Name:					
Address:(in case of emergency contact)		PIIO	ne		
(in case of efficiency contact)		Pho	ne:		
1 st Choice: 2 nd Choice:			Phone:		
2 Choice.		1 110			
PART B: HEALTH HISTORY					
1. Has any member of your family under age 50 had	l a heart attac	k or he	art problem?	,	
2. Have you ever been told that you have a heart mu					
or an abnormality? If yes, explain:3. Do you have to stop while running around a ½ mi	le track twic	e?			
4. Are you taking medications? If yes, exp	olain:				
4. Are you taking medications? If yes, exp5. Have there been any significant changes in your handles? If yes, explain:					
6. Date of last tetanus toxin:					
7. Have you ever "passed out" or been "knocked ou	t" (concussio	n)?	If so y	when?	
8. Have you ever had or presently have any illness,					
9. Did your child sustain a serious illness or injury of			season?		
If yes, explain:	υ	1			
	NO	YES	DATE	WHAT	
requiring x-rays, ER treatment, overnight					
hospitalization, operation					
hospitalization, operation caused you to miss a game/practice					
diabetes/epilepsy/asthma					
allergies/hay fever/hives to medicines/insect					
bites/food					
migraine headaches					
implants					
glasses/contacts					
	1		•		
AN INJURY TO:					
head/neck					
back/shoulder/arm/elbow/wrist/hand					
hip/thigh/leg/knee/ankle/foot					
liver/kidney/snleen/lung					

Athletes must have this **COMPLETED** health history on file with the school nurse.

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	ed for each sport before	the student may practice OR participate in a before practicing OR participating in a game.
My child,	d sport and I certify that	has my permission to participate in the I know of no condition which would prevent
PART D: EMERGENCY This form will be used ON		ot contact you.
assistance for my son/daug participating in school spo	ghter in the case of injurn nsored activities. If I ca	I District's coaching staff to seek medical y or illness, which is incurred while he/she is nnot be reached to give my consent to medical ion to carry out necessary treatment.
PART E: I have read the information insurance policy is a second		ace policy. I understand that the school's and is limited in scope.
average and have no more quarter grades from the pro- will be considered eligible eligibility is based on 2nd quarter grades. Students ha	e, students must be pass than one failing grade. evious school year (inco); winter sports eligibilit quarter grades, with con ave the right to appeal th	ing at least four classes, have a C- grade point Fall sports academic eligibility is based on 4th ming freshmen are exempt for the fall only and y is based on 1st quarter grades; spring sports tinued eligibility being contingent upon 3rd eir academic eligibility, but should be aware astances can be linked to academic
Sport	Date	Parent Signature
PARENTS-PI	LEASE DO NOT WRIT	TE BELOW THE DOTTED LINE
FOR SCHOOL USE:	For 13 months from date of exam)	
	Physical examination	n completed: Date
		Date

Rev. 10/09

Signature of Doctor or School Nurse