

M.S.A.D #72 124 Portland Street, Fryeburg, ME 04037 (207) 935-2600 FAX 935-3787

*** Your child cannot participate in this sport until all necessary paperwork has been completed.***

_____ / ____ / ____
 Participating Student Name Date of Birth Grade

has my permission to participate in **(Name of Sport)** _____ after school; I understand that participation in this sport involves an inherent risk of accident or injury that may occur despite all reasonable efforts of the school district and its employees to prevent or avoid such accident or injury. I agree that neither the district nor any of its employees shall be responsible for the payment of any bills rendered for medical service as a result of my son or daughter's routine participation.

EMERGENCY INFORMATION / HEALTH UPDATE - To be completed by the parent.

Parent Name: _____ Home PH: _____
 Mailing Address _____ Work PH: _____
 _____ Physician _____
 _____ Physician PH: _____

ALLERGIES _____

Positive responses require explanation and may require a medical evaluation.

- | 1. <u>During the past 12 months:</u> | YES / NO | Explanation | Date of Illness/Injury |
|--|---|-------------|------------------------|
| a. Any hospitalizations or surgeries? | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| b. Any current injuries requiring medical care or activity restrictions. If <u>yes</u> , please call school nurse. | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| c. Any illness lasting more than one week? | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| d. Any seizures, concussions, or unconsciousness? | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| e. Under a doctor's care? | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
2. Does your child: Wear glasses or contact lenses? Have dental bridges, plates, retainers/ braces?
3. List all medications presently being taken and what condition the medication is for:

- I give permission for my child to take the above **CIRCLED MEDICATION** if necessary during the sport activity.
- I hereby authorize the school district to obtain **EMERGENCY MEDICAL CARE** that may become necessary for my child in the course of athletic activities or travel.
- If my child has a **504 PLAN**, I will notify the 504 Team that my child is playing sports.
- I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

 Parent/Guardian Signature

 Date