

Shaker Regional School District
SAU #80
Athletic Participation Permission Form

To help insure your child's health and safety while participating in middle and high school athletics, an updated medical information/permission form must be completed by a parent/guardian for each athletic season. Please print the following information. This form should be returned to the school athletic director.

Sport _____

Name _____ DOB _____ Male _____ Female _____

Parent/guardian _____ Home Phone _____

Home Address _____

Health Insurance Name and Policy Number _____

Physician Name and Phone: _____

In Case of Emergency notify:

Name _____ Relationship _____

Work/home phone _____ Cell/Pager _____

Alternate Emergency Contact Person:

Name _____ Relationship _____

Work/home phone _____ Cell/Pager _____

Medical Information

Allergies (to medications, foods, bee stings, etc.) _____

Reaction _____ Treatment _____

Medication(s) (taken at home and school) _____

Reason(s) for medications _____

Please explain if your child has any of the following health concerns:

Asthma: Triggers _____ Medications _____

Type of Inhaler Used _____

Heart Condition : _____

Diabetes: Medication/schedule _____

Head injury, loss of consciousness, fainting: _____

Any serious injury/illness: _____

Orthopedic injury, fracture or surgery: _____

Specify which: Ankle _____ Knee _____ Leg _____ Hip _____ Back _____

Neck _____ Shoulder _____ Elbow _____ Wrist _____

Currently under care for: _____

Date of last tetanus booster _____

I hereby contend that the above medical information is accurate. In case of medical emergency, I authorize Shaker Regional School District personnel to secure necessary transportation, examination and treatment for my child from any licensed physician, hospital, clinic, medical facility or service.

Parent/guardian signature _____ Date _____