

ATHLETIC PARENT PERMISSION FORM
MIDDLE COUNTRY SCHOOL DISTRICT
ATHLETIC DEPARTMENT

Dear Parent/Guardian:

The Middle Country School District has teams in the following sports: Baseball, Basketball, Bowling, Cross Country, Fencing, Field Hockey, Football, Golf, Lacrosse, Soccer, Softball, Tennis, Track, Volleyball, Winter Track, Cheerleading, Gymnastics, and Wrestling. Individual athletes *may* have an opportunity compete in other sports. **Please note that this permission form must be completed prior to participation in each sport season.**

It is district policy to solicit your permission before the athlete is allowed to compete.

Sincerely,

Joseph Mercado
 Director of Athletics

Name: _____ Date of Birth: _____ Sport: _____
(Last) (First)
 Address: _____ School: _____ Year: _____ Grade: _____

- I acknowledge that participation and practice in interscholastic athletics can be dangerous and involves a high degree of risk-which can include paralysis, partial paralysis, death, and/or dismemberment.
- I understand that the school district insurance policy is an excess coverage policy which means it pays for a portion of the claim not covered by the parent's insurance.

I hereby give my consent for my son/daughter _____ to compete in _____
(First and last name)

for which the school physician has given permission for the school year _____. I shall be financially responsible for the athletic equipment which is issued to him/her by the school.

SINCE LAST HEALTH APPRAISAL HAS YOUR CHILD EXPERIENCED:

Description	Yes	No
Recent illness lasting longer than 5 days?		
Allergies (Bee stings/Medications/Food/Latex, etc.)?		
Does your child carry an Epi-pen for a life-threatening allergy?		
Asthma?		
Does the student carry an inhaler?		
Head injury requiring medical attention?		
Any condition that requires protective equipment?		
Currently taking medications or under a physicians care?		
Feeling of faintness, dizziness or fatigue after exercise or exertion?		
Recent Surgery or Hospitalization?		
Wears glasses or contact lenses?		
Heart: Murmur, Rheumatic fever		
Hernia		
Bones/Joints: Fractures, Dislocations, or other		

If yes to any of the above please explain

Has the student had any serious injury or accident during the summer months? Yes ___ No ___ During the school year has the student been absent from school due to accident or illness more than five consecutive days? Yes ___ No ___

X

Signature of Parent/Guardian

Nurse Approval: _____ Date of Physical: _____