## Handbook for Student Athletes Parent Acknowledgment Form

Student athlete's sig	nature: _		Date:
I have read, understa information regardir			port the above pledge as signed by my son/ daughter and have received
Parent's name (pleas	se print):		
Parent's Signature			Date
deemed reasonably Athletic Program act emergency requiring	rize for monecessary ivities and g medical oc Training	y child to red to his/her ld understan attention, I g or coaching	ceive first aid, emergency medical care, and all other medical treatments health and well-being in case of injury or illness while participating in FCPS d that I will be responsible for expenses incurred. In the event of an hereby grant permission to physicians or other hospital personnel designated g staff to attend to my son/ daughter. I expect every effort will be made to
Cell Phone		Home P	hone Work Phone:
Home Address			
Signature			Date
by the parent to brir	ig back to	the Athletic	a physician, further written information should be obtained from the physician Trainer or coach at the school.  Office number:
HEALTH HISTORY Kidney injuries Heart condition Diabetes Asthma Please state:	Yes Yes Yes Yes	No No No No	While competing, do you wear: Glasses Yes No Contacts Yes No Date of Last Tetanus shot:
	ation:		
			Policy