

North Cape School Sports Permission Slip
North Cape School District

Part A: To be completed by Parent/Guardian

Student's Name: _____ Grade: _____ Date of Birth: _____

Check all sports your child will participate in at North Cape School:

- | | | |
|--|---|--|
| ☐ Softball/Kickball | ☐ Volleyball | ☐ Track & Field |
| ☐ Basketball | ☐ Girls Cheerleading | |

Parent/Guardian #1 Name: _____ Cell Phone #: _____

Parent/Guardian #1 Email: _____

Parent/Guardian #2 Name: _____ Cell Phone #: _____

Parent/Guardian #2 Email: _____

Person to be contacted if parents/guardian cannot be reached:

Name: _____ Cell Phone #: _____ Relationship: _____

Part B: To be completed by Parent/Guardian

Date of Last Physical: _____

History Since Last Physical Exam:

- | | | |
|--|----------|---------|
| 1. Any injuries requiring medical attention? | ____ Yes | ____ No |
| 2. Any illnesses lasting more than 5 days? | ____ Yes | ____ No |
| 3. Taking medicine or under a physician's care? | ____ Yes | ____ No |
| 4. Any surgical operations or fractures? | ____ Yes | ____ No |
| 5. Any treatment in the hospital or emergency room? | ____ Yes | ____ No |
| 6. Any allergies? | ____ Yes | ____ No |
| 7. Any Concussions? | ____ Yes | ____ No |
| 8. Any feeling of faintness, dizziness, or fatigue after exercise or exertion? | ____ Yes | ____ No |

List Allergies or Any Medical Information Necessary: _____

Family Physician: _____

Address: _____ Phone Number: _____

Hospital Preference: _____

I give my permission for my coach to take my child, _____, to the emergency room if the need arises.

Parent/Guardian Signature: _____ **Date:** _____

Part C: Understanding the Risk of Concussion, Head Injury, and Sudden Cardiac Arrest

I hereby acknowledge that I am familiar with the nature and risk of a concussion, head injury, and sudden cardiac arrest while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion and head injury. I hereby acknowledge that I have read the attached information on concussions, head injury, and sudden cardiac arrest. Further Information relevant to concussion in sports is available on the CDC (Center for Disease Control) website at

<https://www.cdc.gov/traumatic-brain-injury/index.html>

In the event that my child sustains a concussion, I give permission for the school nurse and/or athletic trainer to discuss his/her condition with his/her physician, guidance counselor, or any necessary staff members, in order to facilitate the recovery process.

Signature of Parent/Guardian

Date

Signature of Student

Date

Part D: Permission

I understand, clearly understand that these questions are asked in order to decide if my child can safely participate on the athletic team at North Cape School. The answers are correct as of this date, and he/she has my permission to participate.

In case of an injury suffered by my child while participating in the above-stated sports/activities, I give the coach and/or other school official in charge permission to obtain medical treatment for my child if I cannot be immediately contacted. Following the treatment, the coach and/or other school official will notify the parent/guardian as soon as possible regarding the nature of the injury and any treatment rendered. I hereby certify that all of the information is correct.

I have read the **North Cape School District Athletics Rules, Expectations, and Policies** and understand the purpose and direction of this athletic code. I understand that I will be financially responsible for paying for any equipment and/or uniforms not returned at the end of the season.

Signature of Parent/Guardian

Date

Signature of Student

Date
