



2026-2027 Elementary School Activities Eligibility Form



This form must be completed and returned to the main office prior to participation in any co-curricular activity. The forms must be signed off by the Principal or their designee.

Name of Activity (ies): _____

STUDENT EMERGENCY INFORMATION:

Student Name: _____ DOB: _____ Grade: _____

Home Address: _____ Home/Cell Phone: _____

Parent(s) or Guardian(s) who may be contacted during the school day:

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Name of relative/neighbor who may contacted in case of emergency: _____ Phone: _____

Special Remarks (any information pertaining to the health of your child that we should know: allergies, asthma, etc.) In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor, hospital emergency center listed on this card, or the rescue squad and follow their instructions. I further understand that in certain emergency situations, the school may determine to seek emergency medical treatment related to an injury suffered by my child irrespective of my request or direction

CONCUSSION ACKNOWLEDGEMENT AND AGREEMENT

As a parent and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent/Guardian Acknowledgement and Agreement:

I, _____ have read the Green Bay Area Public Schools concussion information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion. I agree that my child must be removed from practice/play if a concussion is suspected.

- I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.
- I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her athletic director.
- I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature: _____ Date: _____

Participant Agreement:

I, _____ have read the Green Bay Area Public Schools Concussion Information and understand what a concussion is and how it may be caused.

- I understand the importance of reporting a suspected concussion to my coaches and my parents/guardians.
- I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my athletic director before returning to practice/play.
- I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Participant's Signature: _____ Date: _____

Signature of Principal

Date