



Department of Athletics

ATHLETIC PERMISSION SLIP

ACTIVITY: _____

NAME: _____ DOB: _____ AGE: _____

PARENT/GUARDIAN'S NAME(S): _____ HOME PHONE: _____

ADDRESS: _____ MOBILE PHONE: _____

TOWN: _____ STATE: _____ ZIP CODE: _____ GRADE: _____

PHONE NUMBER DURING THE DAY: PARENT 1: _____ PARENT 2: _____

ALTERNATE EMERGENCY NUMBER IF PARENTS CANNOT BE REACHED:

NOTIFY: _____ RELATIONSHIP: _____

PHONE NUMBER(S): _____

FAMILY DOCTOR: _____ DOCTOR'S PHONE: _____

PREFERRED HOSPITAL: _____ DATE OF LAST TETNUS: _____

The undersigned parent or guardian certifies that their child has received a physical examination within the last year by a licensed medical practitioner, and has been certified by said practitioner as being in sufficiently good health to participate in athletics offered by Oak Hill Academy.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

In accordance with the privacy act please sign below if you want the following: "Health information will be shared with school personnel on a 'need to know' basis."

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I hereby give my consent to the participation of (full name) _____ in the above sport conducted by the school both against other schools and within the school. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe. I/we acknowledge that I/we have read and understood this warning. I shall assume all responsibility and expense for any injury received during practice.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I/We give our consent to the coach and administrators to use their own best judgment in securing medical aid and ambulance service in case of injury. In addition, the coach and administrators may apply first aid treatment in case of an emergency, it being understood that the parents shall be contacted as soon as possible.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

THIS FORM MUST BE UPDATED PRIOR TO EACH SEASON/SPORT

Peter R. Bruckmann, Jr.
Director of Athletics

Dear Parents,

These are Health Questions to inform the Coach of any existing medical conditions, as well as any previous injuries. It is important that we have a current medical history for the safety of your child.

Thank you,
Mrs. Malinowski RN
School Nurse

Health Questionnaire

Has your child ever been told not to participate in a sport?	Yes	No
Does your child take any medication on a regular basis?	Yes	No
Does your child have any Allergies?	Yes	No
Does your child have a prescribed EpiPen / Auvi-Q?	Yes	No
Does your child need to carry an Inhaler for the Sport?	Yes	No
Has your child ever fainted during hard exercise?	Yes	No
Does your child need to wear glasses during the sport?	Yes	No
Does your child have any cardiac history?	Yes	No
Has your child ever had a concussion?	Yes	No
Any hospitalizations, sprains or fractures?	Yes	No
Any medical conditions or injuries we need to be aware of?	Yes	No
Any family history of concern?	Yes	No

Please explain any questions answered with a "yes" _____

Parent Signature: _____ Date: _____

We need a new Athletic Permission Slip for each Sport.
Please specify which Sport.

Sport _____

Peter R. Bruckmann, Jr.
Director of Athletics