

## ELEMENTARY INTERSCHOOL ATHLETIC PROGRAM

### PERMISSION TO PARTICIPATE FORM

*This form is to be completed on behalf of a student who wishes to participate in interschool athletics.*

*It is to be returned to the coach prior to the student's first game/meet.*

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Sport: \_\_\_\_\_ Date: \_\_\_\_\_

**Have you completed a *Permission to Participate Form* for this student already this school year?**

- Yes → *{If the medical condition of your son/daughter is unchanged, please skip to parent/guardian signature section at the end of this form.}*
- No → *{Please complete all sections of this form.}*

#### TO THE PARENT

Your son/daughter has chosen to participate in our Elementary Interschool Athletic Program. This may involve vigorous physical activity.

In case of an injury, most basic Medical Plans do not provide coverage of permanent teeth or private nurses. If you wish this coverage, it is recommended that you investigate an Accident Policy.

#### GENERAL INFORMATION

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Health Card No.: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_  
\_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**MEDICAL INFORMATION**

1. Date of last complete medical examination *{An annual medical examination is recommended}*: \_\_\_\_\_

2. Date of last tetanus immunization: \_\_\_\_\_

3. Allergies?  Yes  No  
 If Yes, provide details: \_\_\_\_\_

4. Does your son/daughter take any prescription drugs?  Yes  No  
 If Yes, provide details: \_\_\_\_\_

5. Does your son/daughter wear:  a medical alert bracelet  neck chain  carry a card?  
 If Yes, specify what is written on it: \_\_\_\_\_

6. Does your son/daughter wear eyeglasses during athletic activities?  Yes  No  
 Contact lenses?  Yes  No

7. Please indicate whether your son/daughter has been subject to any of the following and provide pertinent details:

- Serious Illness/Injury: \_\_\_\_\_
- Previous Surgery (include date): \_\_\_\_\_
- Wheezing/Asthma: \_\_\_\_\_
- Headaches/Concussions: \_\_\_\_\_
- Seizures/Fainting Spells: \_\_\_\_\_
- Vision/Hearing Impairment: \_\_\_\_\_
- Joint/Back Conditions/Injuries: \_\_\_\_\_
- Chronic Nosebleeds: \_\_\_\_\_
- Rheumatism: \_\_\_\_\_
- Skin/Kidney/Intestinal Problems: \_\_\_\_\_
- Hepatitis/Mononucleosis: \_\_\_\_\_
- Severe Allergic Reaction: \_\_\_\_\_
- Other: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

I acknowledge and accept the risk inherent in the requested activity and give permission for my son/daughter to participate in \_\_\_\_\_ for this school year.  
*{Name of Sport}*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_