ATHLETIC PERMISSION Somers Public Schools

PART A: GENERAL INFORMATION

Student Name:	Grade:	Birthdate:	
Address:		Phone:	
(in case of emergency contact)			
1 st Choice:		Phone:	
2 nd Choice:		Phone:	

PART B: HEALTH HISTORY

- 1. Has any member of your family under age 50 had a heart attack or heart problem?
- 2. Have you ever been told that you have a heart murmur, high blood pressure, extra heartbeats, or an abnormality? _____ If yes, explain:
- 3. Do you have to stop while running around a $\frac{1}{4}$ mile track twice?
- months? _____ If yes, explain: _____
- 6. Date of last tetanus toxin:
- 7. Have you ever "passed out" or been "knocked out" (concussion)? _____ If so, when?_____
- 8. Have you ever had or presently have any illness, condition, injury:
- 9. Did your child sustain a serious illness or injury during the last sports season? If yes, explain:

	NO	YES	DATE	WHAT
requiring x-rays, ER treatment, overnight				
hospitalization, operation				
caused you to miss a game/practice				
diabetes/epilepsy/asthma				
allergies/hay fever/hives to medicines/insect				
bites/food				
migraine headaches				
implants				
glasses/contacts				

AN INJURY TO:		
head/neck		
back/shoulder/arm/elbow/wrist/hand		
hip/thigh/leg/knee/ankle/foot		
liver/kidney/spleen/lung		

Athletes must have this **COMPLETED** health history on file with the school nurse.

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PART C: PERMISSION TO PARTICIPATE

Permission must be renewed for each sport before the student may practice OR participate in a game. Also, the physical exam must be completed before practicing OR participating in a game.

My child, _____, Grade____ has my permission to participate in the following school sponsored sport and I certify that I know of no condition which would prevent him/her from participating in ______.

Sport

PART D: EMERGENCY PERMISSION FORM

This form will be used ONLY if the hospital cannot contact you.

I give my permission for the Somers Public School District's coaching staff to seek medical assistance for my son/daughter in the case of injury or illness, which is incurred while he/she is participating in school sponsored activities. If I cannot be reached to give my consent to medical personnel, this form will serve to give my permission to carry out necessary treatment.

PART E:

I have read the information on the school's insurance policy. I understand that the school's insurance policy is a secondary coverage program and is limited in scope.

PART F: ACADEMIC ELIGIBILITY

To be academically eligible, students must be passing at least four classes, have a C- grade point average and have no more than one failing grade. Fall sports academic eligibility is based on 4th quarter grades from the previous school year (incoming freshmen are exempt for the fall only and will be considered eligible); winter sports eligibility is based on 1st quarter grades; spring sports eligibility is based on 2nd quarter grades, with continued eligibility being contingent upon 3rd quarter grades. Students have the right to appeal their academic eligibility, but should be aware that appeals are granted when extraordinary circumstances can be linked to academic performance.

Sport	Date	Parent Signature			
PARENTS-PI	LEASE DO NOT WRIT	TE BELOW THE DOTTED LINE			
FOR SCHOOL USE:	(physicals are good for 13 months from date of exam)				
	Physical examination	n completed: Date			

Signature of Doctor or School Nurse