Shaker Regional School District SAU #80

Athletic Participation Permission Form

To help insure your child's health and safety while participating in middle and high school athletics, an updated medical information/permission form must be completed by a parent/guardian for each athletic season. Please print the following information. This form should be returned to the school athletic director.

Sport				
Name	DOB	Male	Female	
Parent/guardian	Hom	Home Phone		
Home Address				
Health Insurance Name and Policy Number	er			
Physician Name and Phone:				
In Case of Emergency notify: Name	Relationship)		
Work/home phone	Cell/Pager			
Alternate Emergency Contact Person Name Work/home phone	Relationship)		
	Medical Information			
Allergies (to medications, foods, bee sti Reaction Medication(s) (taken at home and schor Reason(s) for medications	Treatment			
Please explain if your child has any o	of the following health cor	ncerns:		
Asthma: Triggers	Medications			
Type of Inhaler Used				
Heart Condition : Diabetes: Medication/schedule				
Head injury, loss of consciousness, fa	ainting:			
Orthopedic injury, facture or surgery	/:			
Specify which: Ankle Kne	e Leg	Нір	Back	
	oulder Elbow	Wrist		
Currently under care for: Date of last tetanus booster				
I hereby contend that the above medical Shaker Regional School District personnel my child from any licensed physician, hos	to secure necessary transpo	rtation, examination		
Parent/guardian signature		Date		