ATHLETE’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent or Guardian,

The pre-participation examination is a limited medical checkup to screen your child to see if he/she can safely participate in sports. The exam does screen for the common problems that have been shown to be a danger to athletes. It is not a comprehensive medical exam and often does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your personal physician. Additionally, your child’s regular health care, routine physical examinations, and laboratory testing should continue to come from his/her personal physician.

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I recognize that there are inherent risks in all athletic events (head and spinal cord injuries, fractures, etc.) and hereby given my permission to Greene Central High School and Greene County Middle School for my son/daughter to participate in interscholastic athletic activities.

Permission is hereby granted to Greene Central and Greene County Middle Schools and its authorized representatives to proceed with any needed medical or minor surgical treatment, x-ray examination, and immunization for the above named individual. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by attending physician to contact me in the most expeditious manner possible. If said physician is unable to contact me, the treatment necessary for the best interest of the above named individual may be given.

I hereby release Greene Central and Greene County Middle Schools and members of its athletic staff including, but not limited to, its coaches, trainers, administrators, and all others connected with Greene Central and Greene Middle Schools and do hereby agree to hold harmless any and all of the above from any and all damages which may suffer as a result of injuries sustained by my son/daughter while participating as above stated,

Is the student named above allergic to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone# Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact if parent is not available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



