

LIBERTY CENTRAL SCHOOLS
PHYSICAL EDUCATION/ATHLETICS

CONSENT FORM FOR ATHLETIC PARTICIPATION

SPORTS CANDIDATE QUESTIONNAIRE

Student Name _____ Date of Birth _____ Age _____

Address _____ Phone _____ Emergency Phone _____

_____ School _____ Grade _____

Sport _____ Fall _____ Winter _____ Spring _____

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No amount of instruction, precaution or supervision will totally eliminate ALL the risk of injury. Just as in non-school related sporting activities, athletic participation by students may be inherently dangerous. Students and parents must assess the risks involved in such participation. Each makes his or her choice to participate or to allow the child to participate in spite of the risks. The obligation of parents and students in making this choice cannot be overstated. In granting permission for your child to participate in athletic competition you, the parent or guardian acknowledge and assume such risks. You, the student, acknowledge and assume such risks.

Severe head or neck injury, including paralysis or death may occur despite a helmet provided your child. No helmet can prevent ALL head injuries or any neck injuries a player might receive while participating in football, lacrosse, softball, baseball or ice hockey.

I, the parent or guardian of the above student hereby give my consent for him or her to participate in the above mentioned activity. I have read and understand the content of this permission form. I am aware that the participation in this athletic activity is voluntary. I have also reviewed the student athlete behavior code and handbook with my son or daughter and we both understand the basic responsibilities involved within the athletic program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT/ATHLETE SIGNATURE _____ DATE _____

HISTORY SINCE LAST MEDICAL EXAM

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Any injuries requiring medical attention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any illness lasting more than five days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Taking medications or under doctor's care at this time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any faintness or dizziness during heavy exertion or exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Major operation or fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Treated in hospital or emergency room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Any reason why this person cannot participate in sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any known allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any chronic disease? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: "YES" answers to any of these questions DO NOT automatically disqualify a student from the athletic activity indicated. They WILL require review and evaluation by the school physician.

If YES to any of these, describe: _____

We understand clearly that the questions are asked in order to decide if this student is in the proper condition to participate in the athletic activity on this form. The answers are correct as of the date this form is signed. All answers will be kept confidential in the student's health record in the school health office.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT/ATHLETE SIGNATURE _____ DATE _____

Date of last tetanus booster (within 10 years): _____

Date of last medical exam _____ Physician _____

Were there any defects or chronic diseases noted
in the last exam or past school health record? YES NO

If YES, describe: _____

MEDICAL CONSENT FOR PARTICIPATION

APPROVED _____ REFERRED _____ DATE _____ RN

APPROVED _____ NOT APPROVED _____ DATE _____ MD