(This form needs to be completed only once per year per student-athlete)

ATHLETIC EMERGENCY INFORMATION

Athletes Name _____ Date of Birth _____ Grade _____
Address _____ Telephone No. _____
Parent Name _____ Employer _____Telephone No. _____
Emergency Contact Person_____ Telephone No. _____
Second Contact Person _____ Telephone No. _____
Family Doctor's Name _____ Telephone No. _____
Family Dentist Name _____ Telephone No. _____
Date of last physical exam _____
Highly allergic to: _____
Diabetic _____ Epileptic _____ Date of last Tetanus Shot _____
Menactra Vaccine _____

*List any injuries and/or illnesses requiring medical attention, that have occurred in the last year:
_____
_____
_____
Other information that may be important: _____
To the best of my knowledge my son/daughter is physically able to participate in athletics. You have my permission to take whatever action deemed necessary for the health and welfare of my child.

Parent/Guardian Signature _____

GUILFORD PUBLIC SCHOOLS
ATHLETIC PERMISSION AND WARNING FORM

Your daughter/son has expressed a desire to compete in an interscholastic sport in Guilford. A yearly physical examination and a parental permission form are required prior to athletic participation.

We (parent and student athlete) acknowledge that we have read and understand the contents of the Student Athletic Handbook and agree to adhere to these regulations.

We realize that participating in organized athletics involves the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

We have read and understand this warning and _____
(Student-Athlete's Name)

has my permission to participate in organized school athletics during the **2014 – 2015** school year.

_____
please list sports planning to participate in

Signed _____ Date_____ / Signed _____ Date _____
(Parent or Guardian) **(Student-athlete)**