

Athlete's Name: _____

Dear Parent or Guardian:

The pre-participation examination is limited medical check-up 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.

I recognize that there are inherent risks in all athletic events (head and spinal cord injuries, fractures, etc.) and hereby give me permission to H.J. MacDonald Middle School for my son/daughter to participate in interscholastic activities.

Permission is hereby granted to H.J. MacDonald Middle School 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 the attending physicians to contact me in the most expeditious manner possible. If a said physician is unable to communicate with me, the treatment necessary for the best interest of the above named individual may be given.

I hereby release H.J. MacDonald Middle School and members of its athletic staff including, but not limited to its coaches, trainers, administrators, and all others connected with school athletic activities and any attending physicians or surgeons from any and all damages which they may suffer as a result of injuries sustained by my son/daughter while participating as above stated.

Is student named allergic to any medications? Yes _____ No _____

If yes, list any medications(s) _____

Parent/Guardian Signature _____

Phone (home) _____ (cell) _____ (work) _____

Emergency Contact if parent unavailable: _____ Phone _____

_____ This student is covered by school insurance

_____ This student is covered by private insurance _____

Company

Policy Number