

**VOORHEES HIGH SCHOOL
PARENT PERMISSION FORM**

SPORT/ACTIVITY _____

Name: _____ Gender: _____ Birthdate: _____ Grade _____

Home Address: _____ Zip: _____ Home Phone: _____

Mother/Guardian: _____ Work number: _____ Cell Number: _____

Father/Guardian: _____ Work number: _____ Cell Number: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____

I hereby request to be enrolled as a candidate for a position on the _____ team (name of sport/activity). I agree to abide by the rules and regulations of Voorhees High School and assume all responsibilities for all equipment issued to me.

STUDENT SIGNATURE: _____ **DATE:** _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

Realizing that athletic activity involves the potential for injury, which is inherent in all sports, I acknowledge that even with the best coaching, use of advanced protective equipment and strict observance of the rules, accidents are still a possibility. On rare occasions the resultant injuries may be so severe that paralysis or even death may occur.

I hereby give permission for Emergency treatment by the team physician, school nurse, certified athletic trainer and allied medical personnel for conditions arising during participation. This may include, but is not limited to, initial diagnostic x-ray and other procedures as the attending physician may deem necessary for the preservation of health.

I have read and understand this warning and I give permission for my son/daughter to participate.

SIGNATURE of PARENT/GUARDIAN: _____ **DATE:** _____

Date of Last Physical _____

Since your child's last sports physical has your child:

Been ill or injured? No ___ Yes ___ (if yes, explain _____)

Been seen by a physician? No ___ Yes ___ (if yes, explain _____)

Been hospitalized/ had surgery or physical therapy? No ___ Yes ___ (if yes, explain _____)

Been out of gym or sports for any reason? No ___ Yes ___ (if yes, explain _____)

If Yes, has the school received clearance for your child to return to activities from your physician? No ___ Yes ___ (if not, please attach written clearance to this form).

I certify that if my child has sustained or incurred any injuries, illness or other health problems, which may affect participation in the above sport or activity since their last physical examination, it is duly reported in their Health History Update. I attest that this information is complete and accurate. I agree to release this form and the medical information contained on it to all necessary school personnel.

SIGNATURE of PARENT/GUARDIAN _____ **DATE:** _____