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Concord School
173 School Street
Concord, VT 05824
Patrick Ely, Principal

6/3/2010

Medical Information and Parental Permission Form

Signature on this form indicates that the student athlete and parent(s) or guardian(s) agree to abide by the athletic policies of the Vermont Principals' Association and Concord School

Athlete's Name: _____ Grade: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Athlete's Information Sport(s): _____

Date of Birth: ____ / ____ / ____ Broken Bone(s) Date(s): _____

Social Security Number: _____ Recent Head Injury Date: _____

Physical Problems or Restrictions: _____

Is this athlete currently on any medications? Yes No

If "Yes", what are they? _____

Please list any allergies: _____

Name of Insurance Company: _____

Insurance Policy Number: _____

Parent/Guardian's Permission for Treatment

To the Parent or Guardian: Your signature below indicates that you have read the following statement and agree to it's content.

In the event of injury occurring during interscholastic competition, athletic practice, physical education, on school grounds or during a school sponsored activity, I hereby give my consent to have the above named student examined and, if required, to be treated by a physician or hospital. I am of the understanding that in case of injury, Concord School will make every effort to contact me prior to taking the student to a physician or hospital. In the event I cannot be notified, Concord School and its representative have my permission to take appropriate steps to insure the safety and well being of my child.

I, the parent/guardian of _____, give Concord School and authorized personnel permission to sign for treatment in case of accident or injury.

Liability Release:

I am aware that playing or practicing in any sport can be dangerous in nature and can involve many risks or injuries - major and minor. Because of the dangers of participating in sports, I recognize the importance of following coach's instructions regarding playing techniques, training and other team rules and agree to obey such instructions.

Signature Block

Student: _____ Date: _____

Parent/Guardian: _____

Physician's Statement

Height: _____ Weight: _____ Blood Pressure: _____ Scoliosis: _____

This is to certify that _____ was examined by me and is physically able to compete in athletics. Physician (Please Print Name): _____

Physician's Signature: _____ Date: _____