



# Haverhill Cooperative Middle School

## Athletics Consent for Participation

My child, \_\_\_\_\_, has my permission to participate in the Athletics Program at the Haverhill Cooperative Middle School. I hereby release and discharge the HCMS District's teachers, agents, coaches, and employees from any liability or responsibility for any physical injury or medical problem, which may arise from his/her participation in the program. In the event that my child needs medical treatment, I authorize the faculty/administration/adult chaperone/coach who is participating in the activity to secure necessary emergency medical treatment.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Student's Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

If you, the parent/guardian, can not be reached, who may be contacted in case of an emergency?

Name

Phone #

Relationship to Child

1 \_\_\_\_\_

2 \_\_\_\_\_

My child's physician is: \_\_\_\_\_

Please list any allergies/drug reactions your child has: \_\_\_\_\_

\_\_\_\_\_

Please list any medications your child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Please list any medical concerns that the school should be aware of: \_\_\_\_\_

\_\_\_\_\_

Please note that it is the parent's/guardian's responsibility to inform the school if any of the above information changes after filling out and handing in this form.

I understand that the school highly recommends that my child be covered by some type of health insurance.

I also acknowledge that my son/daughter has passed a physical exam within the ***last 12 months***, clearing him/her to play competitive sports.

Initial: \_\_\_\_\_ Email address: \_\_\_\_\_